

Strong Life Care Limited

# Earls Lodge Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Earls Lodge Care Home is a residential care home providing accommodation for is a residential care home providing personal care to up to 52 people with care and support needs. The service provides support to older people, people with a physical disability and people living with dementia. At the time of our inspection there were 47 people using the service. The home is registered to provide residential and nursing care. However, the provider has taken the decision not to admit people with nursing care needs at present.

People's experience of using this service and what we found

The provider's system did not always effectively monitor the quality of care provided to drive improvements. The provider used a range of checks and audits to monitor the safety and quality of the service. However, there were areas of concern that had not been identified. This included shortfalls in the management of safeguarding concerns, in the assessment and management of risk, and in record keeping.

Some recent safeguarding concerns had not been reported appropriately or investigated robustly by the provider, and it was not clear that lessons had been learned or shared in the wider team.

Although, staff knew people well and were aware of risks associated with their care, there were some people whose care records and risk assessments did not adequately reflect their needs.

The provider operated safe recruitment processes and there were enough staff to meet people's needs. People were supported to receive their medicines safely. People were protected from the risk of infection. People were able to receive visitors without restrictions in line with best practice guidance.

Overall, people were given sufficient food and drink and most people were provided with appropriate mealtime support. The provider made sure staff had the skills, knowledge, and experience to deliver effective care and support. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. The home was well presented and dementia friendly, using signage and colour to help people to find their way around the building. The provider made sure staff had the skills, knowledge and experience to deliver effective care and support. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. The home was well presented and dementia friendly, using signage and colour to help people to find their way around.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Staff worked within the principles of the MCA and sought people's consent before providing personal care and assistance. Staff supported people to make their own decisions about their care.

Staff were kind, caring and respectful of people and offered them choices. They explained things well and gained consent for care. We saw lots of positive interactions between staff and people using the service and people responded well to staff. People were supported to maintain relationships and take part in activities

they enjoyed. Staff had good awareness, skills and understanding of people's communication needs, they knew how to facilitate communication with people. Overall, people were supported as individuals, in line with their needs and preferences. Feedback from health care professionals indicated staff worked well with others when end of life care was needed. People's complaints were listened to, responded to and used to improve the service.

The management team promoted a culture of care in which staff valued and promoted people's individuality. The provider sought feedback from people, those close to them, staff and other professionals to help improve the service. People and their visitors told us communication with the service was good and there were newsletters and regular residents' meetings. Feedback was positive from other professionals who visited the service regularly.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 1 June 2023).

#### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding people and governance. A decision was made for us to undertake a comprehensive inspection, reviewing the key questions of safe, effective, caring, responsive and well-led.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Earls Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We have found breaches of regulation in relation to safe care and treatment and good governance at this inspection.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Earls Lodge Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 4 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience attended the service on the first day of the inspection.

#### Service and service type

Earls Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Earls Lodge is a care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We visited the service on 23 November and 24 November 2023. Both visits were unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback

from other professionals including the police and representatives of the councils that commission the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people using the service and 6 visitors. We spoke to the registered manager, the deputy manager, the HR Director, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with the 2 assistant managers, 3 senior care staff, 3 care assistants, the activities coordinator, a cook, a housekeeper, and a laundry assistant. We attended 1 early morning shift handover between night staff and day staff. We received feedback from 2 health care professionals and spoke with the visiting trainer, and the hairdresser. We reviewed care plans for 10 people and a range of records related to the management of the service such as medicines records, safeguarding records, staff recruitment records and the provider's quality monitoring checks.

After the inspection we continued to seek clarification from the provider to validate the evidence found and reviewed further records in relation to the care provided to people and the running of the service. This included care planning and day to day information for people using the service, safeguarding records, provider quality monitoring information, minutes of meetings, staff rotas and staff training and support records, and feedback from people, relatives, and other professionals. We spoke with 5 staff by telephone and received written feedback from 1 staff member.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider did not always assess risks to ensure people were safe.
- Although staff knew people well and were aware of risks associated with their care, the care records and risk assessments had not always been updated to take account of changes in people's needs. One person's care plan showed they had risks in relation to their nutrition and at risk of choking. There were no detailed risk assessments about these risks. Some people needed their fluid intake to be monitored. One person's records showed they drank very little over a 5-day period. There was no indication of any action taken to address this concern. This person was eating very little and despite staff detailing this in the person's food intake charts, there was no indication the charts were monitored in a timely way.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and nominated individual responded to the shortfalls identified during the inspection and took immediate and responsive action.
- Health care professionals told us they had no concerns regarding the care provided to people living in the home.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not always safeguarded from abuse and avoidable harm.
- The provider had systems in place to safeguard people from the risk of abuse including the training of staff in how to recognise and report abuse. However, these did not always ensure people were protected because they were not always operated effectively.
- All the people using the service we spoke with said they were in a safe place. They praised the staff highly. Most people's relatives and friends we spoke with believed the service to be safe.

### Staffing and recruitment

- The provider operated safe recruitment processes.
- The provider's staff induction training processes helped promote safety and ensured staff knew the importance of taking people's individual needs and wishes into account.
- The provider ensured there were enough suitable staff.
- There was a good staff presence in communal areas throughout both days of our inspection, with

sufficient staff to meet people's needs. Staff told us they were enough of them to support people effectively, aiding continuity of care. A staff member said, "Staffing is usually pretty good. Its rare people go off sick. When that happens we have a bank of staff who will cover. Team members also come in and take a day off another time."

#### Using medicines safely

- People were supported to receive their medicines as prescribed and medicines were stored safely and securely.
- Managers carried out regular checks to make sure people received their medicines correctly. Staff completed medicines training and their competency to administer medicines was assessed.
- Staff completed medicine administration records (MAR) as required to make sure people received their medicines as prescribed. The service had PRN (as required) medicine protocols in place for medicines that people had been prescribed but did not take routinely.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.
- The service had infection control procedures in place and records showed that staff had completed infection control training to make sure they knew how to prevent the spread of diseases.
- Some minor areas for improvement were identified and addressed at the time of the inspection.

#### Visiting in care homes

- The provider had appropriate visiting arrangements in place, so people were able to receive visitors without restrictions in line with best practice guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- Staff completed assessment of each person's health and needs, either on admission or soon afterwards.
- People had care and support plans that were personalised and reflected their needs. However, there were shortfalls in some people's assessments and care in relation to the management of nutritional risk. See the safe section of this report.
- Overall, people were given sufficient food and drink and most people were provided with support where needed. Where people experienced weight loss, they were referred to a dietitian to prevent further deterioration. However, our observations during mealtimes showed a small number of instances when staff did not follow people's care plans, to provide specific support with eating. We shared this with the management team who took action to address this with staff at the time of the inspection.
- People told us they were happy with the food. One person said, "The food is adequate. I am assisted with lunch meals but at teatime if I have a sandwich, I can manage by myself. I do not have breakfast. The two lunch choices are fine. I get enough drinks." A relative said, "[My family member] has gained weight, which is good."

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- New staff had an induction into the service that included working alongside experienced staff to learn people's individual care preferences.
- People told us staff knew how to support them. One person said, "[Staff] are good. There is nothing to improve. It is ideal as it is." Staff told us the training they had received supported them to provide good quality of care to people.
- The required core training was provided to make sure staff were equipped to carry out their role safely. A wider range of training was provided, including areas specific to the needs of people using the service. This included caring for people living with dementia, equality and diversity and working in a person-centred way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider made sure the service worked effectively within and across organisations to deliver effective care, support and treatment.
- The online care system showed people were referred to health care professionals to support their wellbeing and help them to live healthy lives.

- We saw various healthcare professionals visiting throughout the inspection. This included a GP, district nurses and a physiotherapist.
- Most relatives were happy with the access people had to health care. A relative said, "stated that "Medical support is good. I was pleased with the way chiropody and audiology appointments were arranged." Whereas 1 person's visitor told us the person's toenails had been allowed to become very long. We shared this with the registered manager at the time of the inspection.

#### Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaption, design and decoration of the premises.
- The home was well presented. People personalised their bedrooms and had the required equipment in their rooms.
- Consideration had been given to the support of people's well-being. This included quiet areas for people and visitors to enjoy. The home was dementia friendly, using signage and colour to help people to find their way around the building.
- The building was wheelchair accessible. People told us they liked the garden, which we saw was pleasant and secure, with appropriate access and seating. The dining rooms were pleasant, spacious, and provided sufficient tables and seating for people. There was a hairdressing salon, which was a popular facility.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff supported people to make their own decisions about their care.
- For people that the service assessed as lacking mental capacity for some decisions, staff recorded assessments and decisions made in their best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff were calm, and attentive to people's emotions and support needs. One person who was living with dementia became confused, the staff member was very respectful of the person, and showed a caring nature during the interaction, comforting them with a gentle touch during the exchange.
- We saw lots of positive interactions between staff and people using the service and people responded well to staff. For instance, a member of care staff was engaging in conversation with a person over a family photograph album, which the person was clearly enjoying.
- One staff member said, "People are treated with respect and dignity. When we get new staff, I always tell them people should have choices we should always ask, at every step, all the way along."
- People diversity was respected. For example, people's cultural and religious needs were being met, including a lot of care taken over the choice and preparation of foods offered.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care.
- We saw staff were kind, caring and respectful of people and offered them choices. They explained things well, involved people in decision making and gained consent for care.
- People confirmed they were encouraged to make decisions about their daily lives and how their care was delivered. One person said, "I love them [the staff]. They are smashing. They always ask." A relative said, "Staff are marvellous. I have no complaints about the staff. They go above and beyond."
- People were enabled to make choices for themselves, and staff ensured they had the information they needed. People were given time to listen, process information and respond to staff and other professionals.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People confirmed staff were committed to promote their dignity and people's privacy was respected. One person said, "I am treated with dignity and respect."
- We saw people being supported to use the toilet regularly. This helped to promote people's dignity and well being. People were supported with their continence needs very discreetly by staff, maintaining their privacy.

- During meals we observed in the dining room, people were provided with all the utensils and equipment they required to enable them to maintain their independence with eating. One person who required verbal prompts was encouraged by staff. They provided lots of verbal support and guidance to ensure the person maintained their independence.

# Is the service responsive?

## Our findings

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities they enjoyed.
- People were involved in choosing and planning activities and varied social opportunities were made available. There was a good level of staff engagement with people.
- We saw activity staff facilitating discussions with a group of people, reminiscing about past Christmases. They worked hard to make sure everyone was engaged and enjoying the activity. A musical entertainer came to perform. This was something people clearly enjoyed.
- Some people were offered more personalised care and interaction, such as having their nails manicured, depending on their preferences, and the visiting hairdresser was a popular choice of people using the service.
- A relative told us, "The staff here do a lot with people. There's usually laughing and clapping going on when we visit."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Overall, people were supported as individuals, in line with their needs and preferences.
- We saw staff provided person-centred support and staff told us they encouraged people's independence. People confirmed staff were responsive to their individual needs and preferences and told us they were supported to do things as they wanted and shared their experiences of personalised care. One person told us, "I like to go out for lunch to have an all-day breakfast, like today." and we observed people coming and going around the home as they wished.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and well supported. The provider and staff ensured people had access to information in formats they could understand.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication with each person.
- The deputy manager received feedback from night staff that they had noticed a person who had been in the service a very short time was having difficulty communicating their needs due to language barriers. The

deputy manager immediately took action to address this, and asked activity staff to provide picture cards to aid communication with the person in the interim.

- At mealtimes, plated food was used to illustrate the choice of meals being served. This helped some people to decide what they wanted to eat and to communicate their decisions.

#### Improving care quality in response to complaints or concerns

- People's complaints were listened to, responded to and used to improve the quality of care.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One relative said, "I did raise some minor concerns initially when [my relative] was admitted here but these were resolved. It is a safe place. I find that when I raise issues they are responded to."

#### End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- There were systems in place to record people's advanced wishes. These included people's choices regarding resuscitation in the event of a cardiac arrest and treatments they would want to have in an emergency.
- The service was supporting people who were receiving end of life care at the time of the inspection. Feedback from health care professionals indicated staff worked well with others when end of life care was needed.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's systems did not always effectively monitor the quality of care provided to drive improvements.
- The management team carried out a range of checks and audits to monitor the safety and quality of the service. However, there were some areas of concern that had not been identified during audits. This included shortfalls in the management of safeguarding concerns. The provider had not ensured all referrals to the local authority safeguarding team, and notifications to CQC had been completed in a timely way.
- Clear records had not always been made when staff reported concerns, incidents and near misses. Some recent concerns had not been investigated fully or robustly and it was not clear that lessons had been learned or shared in the wider team.

The provider had failed to ensure effective and robust governance systems and records were in place to ensure the health and well-being of people who use the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded quickly to address issues we identified during the inspection.
- Staff were completing repositioning records consistently and these were monitored by the nominated individual during their regular day and nighttime visits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people, those close to them, staff, and other professionals to help improve the service.
- Staff felt involved in the running of the service and fully understood and took into account people's protected characteristics. The management team valued their staff professionally and personally. They provided evidence of their recognition and celebration of good practice, and investment in the wellbeing of their workforce.
- People and their visitors told us communication with the service was good and there were newsletters and regular residents' meetings. One visiting relative said, "I find that when I raise issues they are responded to."
- Staff told us they felt well supported by the management team and they could approach them for support.

Staff told us they were listened to and were able to contribute to service improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team worked hard to promote a culture of care in which staff valued and promoted people's individuality.
- Most staff felt respected, supported and valued by senior staff which resulted in a positive culture. One staff member said, "You can always go to [the registered manager or the nominated individual]. [The registered manager] is really good. Absolutely brilliant, regardless, doors always open. I've had some things at home and they've been absolutely fantastic."
- Managers promoted equality and diversity in the running of the service, setting a culture that valued reflection, learning and improvement.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Overall, the service worked well in partnership with other health and social care organisations. This helped to give people a voice and improve their wellbeing.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for the best outcomes for people.
- Feedback from healthcare professionals who visited the service regularly was positive.
- A staff training session was taking place during the inspection. We received positive feedback from the visiting trainer about the strong and clear emphasis the provider placed on proper training for staff.
- The provider told us about the awards and recognition they had received in relation to supporting the development of social care through the Prince's Trust, a number of mentoring programmes for women. They had attended Buckingham Palace as part of the coronation celebrations in recognition of their contribution to the social care sector. We received positive feedback from other professionals, who were supported by the provider.
- The provider understood their responsibilities under the duty of candour.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to robustly assess the risks relating to the health safety and welfare of people.</p> <p>Regulation 12(1)&amp;(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective and robust governance systems and records were in place to ensure the health and wellbeing of people who use the service.</p> <p>Regulation 17(1),(2) (a),(b)&amp;(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>