

Sai Om Limited

# Eden Lodge Residential Care Home

## Inspection report

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Date of inspection visit:

30 March 2021

31 March 2021

Date of publication:

16 April 2021

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

### About the service

Eden Lodge Residential Care Home is a care home providing personal care to 19 people, some of whom were living with dementia, at the time of the inspection. The service can support up to 60 people in one adapted building across one floor.

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

People felt safe living at the home and were supported by appropriately trained and competent staff. People were supported to have their medicines safely. People lived in a clean home which implemented infection control procedures in line with current guidance. Risks were being managed to keep people safe.

People's needs were assessed and documented clearly for staff to be able to meet them. People had choice of what to eat and drink and were supported to do so to maintain their well-being. When people required input from healthcare professionals this was arranged for them by staff.

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; the policies and systems in the service supported this practice.

People were supported by a kind and friendly staff team who cared for them with respect. People were able to choose how to spend their day and their independence was promoted.

People were involved in their care planning and their plans had clear guidance for staff on how to support them in a way they preferred. There was a wide range of activities people could choose to participate in.

The home had a new manager who was really driving improvements and implementing new processes to ensure quality care was being delivered. People and staff felt involved in the running of the home and spoke highly of the new management.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was inadequate (published 15 January 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 6 March 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Eden Lodge Residential 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Eden Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered manager is no longer employed by the home, and the current manager has applied to become registered. This means that they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection. This is because we needed to be sure that the provider or registered manager would be able to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with eleven members of staff including the provider's representative, the home manager, administration manager, senior care workers, care workers, housekeeping staff, activities coordinator and the cook.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that people were safeguarded from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- There were processes in place to ensure people were kept safe. People told us they felt safe living in the home.
- Staff were trained in safeguarding and any concerns were discussed at team meetings.
- Staff knew how to report safeguarding concerns and felt confident to do so.

Assessing risk, safety monitoring and management

At our last inspection 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 (Safe Care and Treatment) of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were now being assessed, managed and monitored effectively.
- People had risk assessments in place which were specific to their individual needs. For example, for people who smoked this had been risk assessed and specific information was provided for staff about this.
- For people who may display behaviour that challenges, assessments and plans were in place to guide staff on potential triggers and how to deescalate and support them. For example one read, "Walk with me until I become less agitated", another listed conversation topics to try to divert someone's attention.
- Environmental risks were being monitored and mitigated where necessary. People all had personal plans for evacuating in an emergency.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were being administered and managed safely.
- Staff we spoke with were knowledgeable on how to support people to take their medicines and knew the guidelines around how to safely do so. Staff had received medicines training and had their competency checked.
- For people who had medicines prescribed for as and when required, such as pain relief, protocols were in place and relevant documentation was being completed.
- Medicines were being stored, checked and disposed of in line with current guidance.

#### Preventing and controlling infection

At our last inspection the provider had failed to ensure people were adequately protected from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Accidents and incidents were investigated and reviewed; the manager acknowledged more work could be done to improve the analysis and had planned to do so.
- Where incidents had occurred, the manager had called staff meetings to specifically discuss lessons learnt and changes to prevent them occurring again. This include identifying any training needs.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure they had a systematic approach to determine the number of staff required. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staffing levels and recruitment processes were managed safely.
- The manager used a dependency tool to establish the staffing levels to ensure there were enough staff on each shift to meet people's needs.
- Checks to ensure new staff were suitable for their role were carried out and staff were fully inducted to ensure they could support people safely.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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  
At our last inspection the provider had failed to ensure people had person-centred plans in place. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs and choices were assessed in an effective way.
- Staff were provided with information about current best practice to enable them to deliver care in line with national guidance.
- Care assessments and plans took into consideration people's diverse needs. Assessments considered protected characteristics under the Equality Act 2010 and these were reflected in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This supported people not to experience discrimination.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to ensure people were supported safely with their eating and drinking needs. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had nutrition and hydration plans in place and staff were provided with information on people's likes and dislikes. For example, their preferred way of taking their tea and where they choose to have meals.
- People's weights were being monitored and where necessary professional input was sought.
- People had the choice to have their meals in a newly decorated dining room with a lovely outlook over the gardens or in their rooms.
- People were given options each mealtime and meals looked appetising. People spoke positively about the food. One person said, "Oh yeah food is nice. We've got salad today cause its warm, they give us a few options or if you want a special treat, they will get it for us."

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure they had trained and competent staff. This was a

breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff felt supported in their roles and were given opportunities to develop their learning and skills.
- Staff spoke positively about the support they had received since the last inspection and felt confident to go to management if they felt they required any further training.
- As well as a full induction, staff completed online and face to face training. The manager had arranged for healthcare professionals to come in to train staff in specific areas; such as tissue viability and medicines.

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

- Staff supported people with their health needs and worked with other professionals to ensure their well-being.
- People had oral care plans in place, detailing the support they required to maintain good oral health. The home had arranged for a domiciliary dental practitioner to visit when required.

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

- People were able to personalise their own rooms and their input was sought for decorating the home. A person explained, "Its lovely here, they've just redecorated and its much nicer than it used to be, they asked us about the paint and what not."
- Throughout the home there were signs to help people orientate themselves and there was consistency in decoration to help people identify bathrooms. There were sensory boards along the corridors for people who were living with dementia.
- People had a choice of communal areas and quiet spaces to spend their time in, they had access to large grounds and gardens.

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 Act 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we made a recommendation that the provider reviewed guidance regarding consent and ensures they keep accurate documentation in relation to the MCA. We found on this inspection improvements had been made.

- The home was working within in the principles of MCA.
- Staff were provided with information about people's capacity, and where this may be fluctuating, to ensure people were given the choice to make their own decisions where they were able to.
- At the time of the inspection the manager was undertaking new MCA assessments and best interest decisions for all people. This was to ensure they were decision specific, included relevant people and were in line with the legal framework.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 observed to be happy and at ease with all staff.
- People were supported by staff who were caring and treated people well. People said, "They are nice the girls that help me here", and "All the staff are brilliant we couldn't wish for better people looking after us."
- Staff knew people's preferences and individual needs. We observed staff defuse a potential incident between two people quickly and gave reassurance to both people.

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

- People and their relatives were involved in their care planning and decisions around how they wanted to be supported.
- People were supported to express their views and felt comfortable in doing so. The manager had introduced resident meetings and suggestions people had made were being carried out. For example, people had requested an Easter egg hunt on the day of a raffle, we saw arrangements had been put in place for this to happen.
- People were able to choose how they spent their day. Information about how they preferred to spend their day was available to staff as people may not always be able to express this themselves on a day to day basis.
- Information about advocacy services were available if anybody required them. This meant people had access to someone who would speak up on their behalf, if they were unable to do so for themselves.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were supported with dignity and respect. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Staff understood how to maintain people's dignity and privacy.
- People were encouraged to be as independent as they were able to be. Plans were written clearly to guide staff on how to support people whilst promoting independence.
- People were able to do as they chose, a person explained, "They don't force me to do things."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider did not ensure that people's care was planned in a personalised way. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since the last inspection the new manager had introduced electronic care plans. All care plans had been updated and were personalised.
- The plans contained clear information for staff to be able to support people in a safe and individualised way. This included information about people's emotional needs or their specific health conditions such as diabetes or angina.
- Information about people's backgrounds, how they identify, how they liked to spend their days, their likes and dislikes were available to enable staff to support people in a way they preferred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of the inspection there was no one in the home that required specific formats to help them understand information, for example braille. The manager understood their responsibility to provide information in other formats if they were to support someone who required this.
- People had communication care plans in place which guided staff on how to best speak with people.
- The home had pictorial menu's and signage around the home to assist people who were living with dementia.

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

At our last inspection the provider did not ensure that people were engaged in meaningful activities. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- There was a full-time activities coordinator who offered a wide choice of activities for people to get involved in; including cognitive activities to help people living with dementia.
- People really liked the activities coordinator. One said, "She's absolutely fantastic." We observed people being fully engaged with the activities on the day of inspection.
- People were given choice over what they wanted to do and when they wanted to do it. A person said, "We do lots of different things, we made cards last week."
- People were able to enjoy pet therapy and it particularly helped some individuals who sometimes displayed behaviours that may challenge.

Improving care quality in response to complaints or concerns

- There had only been one complaint raised since the last inspection and this was responded to in line with the complaints policy.
- People we spoke with had no complaints and knew how to raise concerns if they did. A person said, "I would know who to talk to if I had a problem."

End of life care and support

- People had end of life care plans in place. The manager said they were still working on making these more personalised and get more family input.
- People's end of life wishes when it came to matters such as resuscitation were clearly marked on plans so staff would know what action to take.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made these need to be sustained and embedded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider failed to ensure there was adequate leadership and quality monitoring in the home. regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The new manager had prioritised improvements that were required to ensure the quality of care provided and people's safety.
- The provider had a representative who was regularly visiting the home to maintain oversight and support the new manager.
- A new culture of openness between staff and the management team had been forged, this had a positive impact on both staff and people.
- Staff were really there for the people, one explained, "I love my job, I want to make a real difference and I think I can in this role, seeing people smile makes my day."
- New audits and processes had recently been introduced to provide assurance of the quality of care delivered and the safety of people. Each audit had an action plan documenting any issues that had been identified and these were then rectified.
- Staff recognised changes in the way the home was run and spoke highly about the new management. Staff said, "The new processes [the manager] has brought in, like the care planning system, are fantastic' and "The new management is great, nothing is too much trouble."
- We will assess the impact of these new processes at our next inspection.

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

At the last inspection the provider did not understand their legal responsibilities. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager was open with people and relatives when incidents occurred.
- The manager understood their responsibility to notify relevant agencies, such as CQC and safeguarding, to

inform them about certain events.

- The provider understood their responsibility to display the rating from their latest inspection. The rating was displayed in the foyer of the home and on their website.

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

- People were actively encouraged to engage with the service. People felt confident and comfortable to be involved.
- Staff received regular supervisions and had team meetings where their viewpoints were listened to and acted on. Staff said they felt much happier coming to work since the new management was in place. Staff felt more appreciated and valued now.
- Despite the COVID-19 pandemic people were still encouraged to engage with the community. For example, at Christmas the children from the local school wrote cards to all the people living at the home, and in turn the people in the home wrote back to the children.

Continuous learning and improving care; Working in partnership with others

- There was a real focus on improving care and the manager actively sought to work in partnership with others to achieve the improvements.