Zion Care Homes Limited

Elvaston Lodge Residential Home

Inspection report

24a Elvaston Lane, Alvaston, Derby, DE24 0PU
Tel: 01332572444
Website: N/A

Date of inspection visit: 15 September 2015
Date of publication: 28/10/2015

Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This inspection took place on 15 September and was unannounced.

Elvaston Lodge is a care home for older people. It provides accommodation for up to 42 people and specialises in caring for people who have dementia. At the time of our inspection there were

42 people using the service.

The home had a registered manager but they were longer working there when we inspected. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had notified us the registered manager had left and said he would be them to contact CQC to formally de-register. The home had an acting manager in post supported by an area manager and the provider said he was in the process of recruiting a new registered manager.

Summary of findings

People told us they felt safe in the home and we observed during the inspection that staff kept them safe. However some improvements were needed to care plans and risk assessments to ensure staff had the information they needed to keep people safe.

Staff were trained in safeguarding and understood the signs of abuse and how to report any concerns they might have. The handy man carried out regular checks to ensure the premises were safe and that water temperatures were within safe limits.

There were mostly enough staff on duty to meet people's needs. Call bells were answered promptly and staff had enough time to support people and also socialise with them and assist them with activities. However lunchtime appeared rushed and some people had to wait for their meals.

People said they thought the staff were well-trained. Records showed they had an induction and introductory and ongoing training. Care workers told us they were satisfied with the amount and quality of the training they received.

People were satisfied with food served and said they could choose what they wanted. Records showed that people's nutritional needs were met. Staff supported people to access healthcare services and accompanied them to appointments where necessary.

We observed that staff were caring in their approach to people and had a good understanding of their needs and how best to interact with them. All the staff we spoke with understood the importance of giving people choice about all aspects of their daily lives.

People told us the staff encouraged them to express their individuality by personalising their rooms. When we inspected care plans were in the process of being re-written and improved using a more personalised approach.

Activities were high profile in the home and corridors and communal areas were decorated with the art and craft work of the people using the service. People using the service were enthusiastic about their activities programme which they said brightened up the home and gave them something to look forward to.

All the people and relatives we spoke said they were happy with the home and thought it was well-led. Staff said they felt well-supported by the current management and had regular meetings and supervision sessions.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe.

Improvements were needed to the way risks to people's health and safety were addressed.

There were mostly enough staff on duty to meet people's needs although some re-organisation was needed at lunchtime.

The provider operated a safe recruitment process to help ensure that the staff employed were safe to work with the people using the service.

Requires improvement

Is the service effective?
The service was effective.

Staff were trained and supported to enable them to care for people safely and to an appropriate standard.

People's consent to care and treatment was sought in line with legislation and guidance.

People were offered a varied diet and could choose what they wanted at every meal.

Staff supported people to access healthcare services.

Good

Is the service caring?
The service was caring.

Staff were caring and kind and treated people as unique individuals.

People were encouraged to make choices and were involved in decisions about their care.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People received personalised care that met their needs.

The activities co-ordinator provided a range of group and one to one activities for the people using the service.

People told us they would speak to staff if they had any concerns about the home.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The home had an open and friendly culture and people told us the staff were approachable and helpful.

All the people and relatives we spoke said they were happy with the way the home was run.

Staff said they felt well-supported by the current management and had regular meetings and supervision sessions.

The provider had introduced a new audit system to help ensure the home was appropriately monitored.

Elvaston Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 September and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with seven people using the service, three relatives, the provider, area manager, care administrator, activities organiser, three care workers, the chef, and the handyman.

Due to communication difficulties not all the people using the service were able to share their views with us so we spent time with them and observed them being supported in the lounges and in the dining areas at lunch time. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Requires improvement

Is the service safe?

Our findings

People using the service had individual risk assessments and care plans in place but in some cases these did not contain the information staff needed to keep people safe. For example, we found one risk assessment stated that a person who needed support with their personal care might refuse this. Although the assessment identified this as a risk, there were no instructions to staff on what to do if this happened in either the risk assessment or the care plan. This meant that staff did not have guidelines on how to respond if the person refused personal care.

Another person's records contained a local authority assessment stating that the person in question might become agitated if left on their own for too long during meal times. However we found no reference to this in any of the person's care plans or risk assessments.

A further person's records included behaviour monitoring charts that showed increasing incidences of behaviour that challenges us. Yet in professional correspondence from the same period a senior member of staff said they had no concerns about the person's behaviour. This meant that the information was contradictory and it was unclear, from risk assessments and care plans, what support this person needed.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. The provider was not always assessing the risks to the health and safety of service users receiving care or doing all that was reasonably practicable to mitigate any such risks.

During the inspection we observed that staff kept people safe. For example, one person needed support to go to the dining room at lunchtime. A staff member walked with them and encouraged them to take their time. Afterwards the person in question told us, "She [the care worker] was worried I'm going to fall but I didn't because she was next to me."

People told us they felt safe in the home. One person said, "It feels safe here and everybody's nice." A relative said, "I think my [family member's] safe here – the staff make sure of that."

Staff were trained to keep people safe and understood the signs of abuse. One staff member told us, "If I had any concerns about any of our residents being harmed I would go straight to whoever was in charge to report it. And if they didn't do anything I would call social services."

The provider had policies and procedures in place to protect people from abuse. The staff we spoke with understood these and knew what to do if they were concerned about the well-being of any of the people using the service. One care worker said, "If I had any concerns at all I would go straight to the management and it they didn't do anything I would call social services."

However one relative said they were dissatisfied about how staff had responded to a potential safeguarding incident. They told us their family member was injured by the actions of another person using the service. They said staff asked them if they wanted this incident referred to the local authority as safeguarding, and suggested they thought about it and let staff know their decision the next day.

This was inappropriate as if staff are aware of a potential safeguarding incident in the home it is their responsibility to address it. While it is good practice to involve relatives in discussions, where possible, it is the duty of the staff to refer safeguarding incidents to the local authority and they should not expect a relative to determine whether or not this should be done. We discussed this issue with the area manager who agreed to look into this concern and take action as necessary.

One person told us they thought the provider ensured the premises were safe. They said, "The maintenance men are good. Every week they come and check the water temperatures in my room and the lights."

We discussed the health and safety of the premises with the area manager and handy man and looked at records regarding water temperatures. This was because there is a risk of scalding if hot water used for showering or bathing is above 44 °C.

The provider's policy stated water temperatures at outlets used by people using services must be between 38 ° and 44 °C. The handy and told us that anything over 44 °C was unsafe and reportable to management.

Requires improvement

Is the service safe?

We checked four water outlets, a bedroom and a bathroom on the first floor and the same on the ground floor. In each case the water temperature was within the recommended range.

We looked at records to see how the handy man checked that water temperatures were safe. We saw this was done weekly and the records we sampled showed that water temperatures for outlets used by the people using the service had not exceeded 44 °C. This meant people were protected from the risk of scalding.

We checked the availability of thermometers in the home. Staff used these to test the water if a person using the service was bathing or showering. We found two thermometers in one bathroom and none in another bathroom. The area manager said they tended to get moved around by staff. She said she would order some more and find a way of securing them in bathrooms so they did not get moved. This would help to ensure staff had a thermometer to hand if they were about to run a bath or a shower.

Most people using the service said they were satisfied with the amount of staff employed by the home. One person told us, "I've not had a problem with staff. If you need help the staff are there. I've never been neglected." Another person commented, "Of course we sometimes have to wait as the staff can't be everywhere at once but it's never been a problem."

The area manager told us she used a dependency tool to assess how many staff were needed during each shift and this took into account that some people needed one-to-one or two-to-one staffing at times, for example to assist with moving and handling transfers. She said that staffing levels were flexible, depending on who was accommodated in the home, and subject to continual review.

During our inspection there were mostly enough staff on duty to meet people's needs. We observed that call bells were answered promptly and staff had enough time to provide people with assistance when required. We also saw that staff had time to socialise with the people using the service and assist them with activities.

However during lunchtime there appeared to be a lack of staff. People were served lunch in two dining areas and also in their rooms and some people needed one-to-one support to eat their meals. Staff appeared rushed and some people had to wait for their meals. One person waited so long for their hot pudding that it was cold and congealed by the time they received it and they did not eat it. Overall the dining experience for people using the service appeared chaotic. One person told us they thought staffing at meal times could be better organised and more relaxing.

We discussed this with the provider and area manager who agreed to address this issue. Following the inspection the area manager contacted us to say that in future the activities co-ordinator would be assisting with lunchtime so as to enhance the experience for the people using the service.

Records showed the provider operated a safe recruitment process to help ensure that the staff employed had the right skills and experience and were safe to work with the people living at the home. We checked two staff files and found they had all the required documentation in place.

Medicines were stored safely in a designated locked room. These included refrigerated medicines such as insulin and eye drops. Staff used a monitored dosage system to dispense medicines and we saw that boxed medicines including creams and liquids had the date of opening clearly marked on the package so staff knew when they were safe to use.

The senior carer on shift was responsible for the administration of medicines. Records of the medicines given were kept and those we saw had been completed accurately and consistently. Photographs were kept on each record to ensure staff could correctly identify the person receiving the medicine. Information about people's allergies was recorded and up to date and staff knew key information about people's medical history and the medicines protocols they had in place.

We observed a lunch-time medicines round. People were approached individually and asked if they would like to take their medicine and consulted as to whether they needed PRN (as required) medicines, such as pain relief. People were given time to take their medicines in the way they wanted.

We observed staff using different approaches with people to enable them to take their medicines. For example, we saw a staff member sit down in a quiet area with a person

Requires improvement

Is the service safe?

who had difficulty concentrating on taking their medicine. The staff member took the time to make a drink for both of them and talk to the person, calming them and giving them time to eventually take their medicine.

On another occasion, we observed a staff member following a person's protocol to ensure that they had swallowed their medicine. The person was at risk of not doing this and the staff member demonstrated knowledge of this and took the time to talk to the person individually and remind them to swallow their medicine through verbal prompts and reminders.

This meant that people were supported to manage their medicines in a way that kept them safe.

The provider had a policy where only senior carers were trained to administer medication. This means that senior carers were primarily engaged in supporting people with their medicines during their shifts. We observed that medicines rounds could take between one to two hours each. This meant that senior staff did not have time for other duties including providing leadership to care workers. We were also unable to find any evidence that senior carers had been trained to specifically administer insulin to people within the service. We discussed this with the provider and area manager who told us that these issues would be addressed.

Most areas of the home were clean and fresh. One person told us, "The whole home is clean. They clean my bedroom every day and do a deep clean every month." Another person said, "If my clothes need washing I just drop them in the laundry basket near the lift and they get done in a flash."

However we did identify one issue of concern during the inspection. There was an unpleasant odour in the downstairs lounge and main corridors. This was noticeable as soon as we entered the home. We traced the odour in the lounge to a stained and odorous easy chair. However we were unable to trace where the odour in the main corridor was coming from, although we did find an overflowing clinical waste bin in one of the bathroom which may have been the cause of the odour.

We discussed this with the provider and area manager who agreed to investigate this issue and take action as necessary to improve the freshness of the environment.

Good

Is the service effective?

Our findings

People told us they thought the staff were well-trained. One person said, "The staff are very good and very clever and know how to look after me." A relative said, "We're satisfied with how the staff care for our [family member]. They know what they're doing and when we visit [our family member] is always clean and tidy."

We observed staff supporting one person to transfer from a wheelchair to an armchair on two occasions during the inspection. We observed that staff supported the person in two different ways on each occasion. On one occasion the transfer was effective, but on the other occasion the person had to stretch to reach their armchair due to the position of their wheelchair. This could have put them at risk of falling. We reported this to the area manager who said she would look in to it and provide more moving and handling training to staff where necessary.

Records showed all staff had an induction and introductory and ongoing training. Care workers told us they were satisfied with the amount and quality of the training they received. We looked at the provider's training matrix. This showed that since our last inspection staff had completed a wide range of courses, some general, for example health and safety, and others specific to the service, for example dementia care. Some staff members' training, for example in food hygiene and safeguarding, had expired. The area manager said she was aware of this and had booked further training courses to keep staff training up to date.

We looked at how the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was applied in the home. The MCA is legislation that protects people who are not able to consent to care and support. It ensures people do not have their freedom and liberty unlawfully restricted.

The legislation states that if people lack mental capacity to consent to their care and treatment, mental capacity assessments and best interest decisions should be formally completed and DoLS authorisations put in place for those who have restrictions placed on their freedom and liberty.

At the time of our inspection two people using the service had DoLS authorisations in place and a further three applications had been submitted for approval to the DoLS team. The area manager said DoLS applications were being sent at a maximum of three a week at the request of the DoLS team. The area manager said people subject to a high level of supervision had been prioritised for referral.

People told us they were satisfied with food served and were able to choose what they wanted. One person said, "The food's good – they will make you whatever you want. For breakfast I have boiled eggs or poached eggs or fried eggs – whatever I fancy. At dinner there's a choice of two meals and three different puddings." Another person commented, "In some homes they just plonk the food in front of you whether you like it or not. Here if you don't like it they'll make you something else."

We spoke with the cook who told us about the range of diets catered for which included fortified (enriched with extra nutrients), celiac, vegetarian, and diabetic. The cook said new items were added to the menu if people said they wanted them. There was a choice of items at every meal plus a range of standard alternatives. One person using the service told us, "One evening we had sandwiches and soup and I didn't fancy that so they made me a cheese and ham omelette."

Records showed that if people were at risk of malnutrition or dehydration appropriate action was taken. Dieticians and the SALT (speech and language therapy) team, who are responsible for supporting people who have difficulty swallowing, were involved where necessary. We saw that food and fluids charts were in place for people who needed them and people's weights monitored.

People told us staff supported them to access healthcare services. One person said, "When I had an appointment at the hospital [a member of staff] came with me as a companion and a friend. That was wonderful." A relative told us, "We know that if [my family member] was ever ill they would call a doctor straight away."

Records showed that staff at the home worked closely with health care professionals to ensure people received the health care they needed. People had access to a range of health care professionals including GPs, district nurses, chiropodists, opticians, and dentists. People's health care needs were identified and care plans put in place to assist staff in meeting them in conjunction with health care professionals.

Good

Is the service caring?

Our findings

The people using the service and relatives we spoke with all said the staff were caring. One person said, "We have a laugh with the staff. They are lovely and funny and kind." A relative told us, "The staff are very caring and always patient with people."

We observed that staff were caring in their approach to people and had a good understanding of their needs and how best to interact with them. The staff we spoke with were knowledgeable about the lives and interests of the people they supported. One staff member told us how they supported a person with a particular hobby, ensuring they had the resources they needed for this.

We also saw ancillary staff being caring. At one point a person using the service became disorientated in one of the corridors and could not find their way to a particular room. The handyman, who was working nearby, immediately went to their aid and accompanied this person safely to where they wanted to go.

All the staff we spoke with understood the importance of giving people choice about all aspects of their daily lives. One staff member said, "We always ask people how they want things done and if they can't tell us we look in their care plans." During our inspection we observed staff offering people choices and always getting their consent before any support was provided.

People told us the staff encouraged them to express their individuality by personalising their rooms. One person said, "They put my pictures up on my bedroom walls and in the corridor outside. One of the maintenance men is really good with computers and he helps me with mine so I can Skype my relatives." Another person showed us their room which was decorated with items they'd brought with them when they moved in to the home and also things they'd made since they'd been there. They told us, "I have a nice bedroom and I can do what I like to it."

One person told us how staff respected their privacy while at the same time ensuring they were safe. They told us, "The staff here know me and know when to approach me and when to leave me alone. Sometimes I have a bad day and the staff understand. They don't bother me but they do peep round my door to make sure I'm OK."

Staff were trained in providing dignified care to people. We observed staff were discreet when they supported people with personal care and always knocked before entering people's bedrooms.

Some bedroom doors were kept locked when their occupants weren't in. Staff said this was to prevent other people going in to them by accident, as this had recently happened at the home. People who could manage them had their own keys. Others needed to ask staff when they wanted to go to their room and staff would open the door for them. This meant people could spend time in private if they wanted to.

Good

Is the service responsive?

Our findings

All the people we spoke with said the support they received was personalised and met their needs. One person told us, "I like it here for the simple reason that I can do what I want."

Another person commented, "I get up and go to bed when I want, I have my hair done every week and a bath every week – that suits me."

People had an assessment prior to admission and this formed the basis of their care plans. This included information about people's health and social care needs, likes and dislikes, and cultural needs. People's preferences, for example getting up and going to bed times and whether they preferred a bath or a shower, were included. This helped staff to provide care in the way people wanted it and we observed this is practice.

When we inspected care plans were in the process of being re-written and improved using a more personalised approach. Those we saw focused on people using the service as individuals using a 'This is Me' profile recommended by the Alzheimer's Society. This profile included people's important life events, communication styles and responses, and what was important to that person.

While we recognise that not all care plans had been updated when we inspected, some needed improving as a matter or priority. For example key information was missing from some care plans, such as likes and dislikes, and the specific assistance required with nutritional needs and fluid intake. Others did not include communication strategies to support people living with dementia. For example, one person tended to repeat phrases and questions, and another person repeatedly asked where their parents were. However there were no guidelines in care plans so that staff could respond in such a way as to relieve these people's anxiety and make them feel safe.

We discussed these issues with the area manager. She said it had already been identified that care plans were in need of improvement and this work was being done as a priority, as evidenced by the fact that a number of care plans had been satisfactorily completed.

Activities were high profile in the home and corridors and communal areas were decorated with the art and craft work of the people using the service. The designated activities co-ordinator facilitated a wide range of both one-to-one and group activities. This helped to ensure that everyone using the service had the opportunity to take part in activities they were interested in.

People using the service were enthusiastic about their activities programme. One person told us, "I love [the activities organiser]. She's bright and cheerful and giggly. She does crafts with us and helps us be artistic. She brings the sunshine into this home and keeps us all happy and busy." Another person said, "We have a singer come in and we have a sing-song – I love that. And we've got trips out planned – we're going to a farm and having a meal. We always have something to look forward to."

The activities organiser had a well-stocked resource room and kept records to show that all the people using the service were offered activities to suit their needs, including people being cared for in bed. A relative told us, "[The activities organiser] is very good at getting people involved no matter what their abilities are. Some of the things the residents have made are lovely. [The activities organiser] does a great job here and brings the place to life."

The home had links with a local school and school trips had been arranged so the children could visit and spend time with the people using the service. People also had the opportunity to become 'pen-friends' with the children at the school, and staff from the home had visited the school to raise awareness about dementia amongst the children. This link with a school helped to make the people at the home feel part of the local community.

The home had a small safe garden for people to use. This had a summer house which was available in warmer weather for people to have private lunches and drinks with their family and friends. There was also a small sensory trail and a musical sensory area which had been designed by the activity co-ordinator and built with the people using the service. We saw one person using the area who told us they could access the garden when they wanted to throughout the day. This garden gave people the opportunity to have privacy and some time alone, supported by staff in necessary, if they wanted this.

People using the service and relatives told us they would speak out if they had any complaints about the service.

Good

Is the service responsive?

One person said, “If I had a complaint I would go and see the manager. It’s as simple as that.” Another person commented, “The staff are always asking if everything’s OK. I’d tell them if it wasn’t.”

People were provided with written and verbal information about how to make a complaint if they needed to when they came to live at the home. They were also reminded about how to raise concerns when they attended meetings and reviews. All the people we spoke with knew this and said they would do so if they needed to. One relative told us that they had never had any reason to make a formal complaint but if they did they would speak with the manager or person in charge.

Records showed the home kept written records if concerns were raised and worked with the local authority, where relevant, to address them.

Good

Is the service well-led?

Our findings

All the people and relatives we spoke said they were happy with the home and thought it was well-led. Two people commented positively on the atmosphere in the home. One person said, "I'm very, very happy here – it's the atmosphere that makes it so nice." A relative told us, "We are very happy with this home. The atmosphere is good and it's a real 'home from home'."

People told us the acting manager was approachable and took action if issues were raised. One person said, "If something needs doing here you tell the manager and it gets done." Another person commented, "You do see a lot of the manager – she can be found."

Staff told us they thought management listened to them and acted on what they said. One care worker told us staffing levels had recently improved after staff expressed concerns about them at a meeting with the provider. Another care worker commented, "They [management] do pay attention if we raise issues."

Staff said they felt well-supported by the current management and had regular meetings and supervision sessions. One care worker told us, "We have appraisals every three months and these have been constructive. The home's improving and I would let a family member come here because the staff really do care, it's not just a job for them."

During our inspection we noted the nurse call system was making a loud and unpleasant buzzing sound. When someone rang it people in the vicinity had to stop talking as they couldn't be heard over the noise. One person using the service who was in the corridor when the buzzer sounded told us, "If you're near it deafens you." A care worker said, "It creates feeling of chaos and makes the residents uncomfortable, they keep asking what it is."

We brought this issue to the attention of the area manager. During the inspection the handyman adjusted the volume of the buzzer so it was less piercing.

The home had a registered manager but they were longer working there when we inspected. The provider had notified us of this and said he would ask them to contact CQC to formally de-register. The home had an acting manager in post supported by an area manager and the provider said he was in the process of recruiting a new registered manager.

We looked at a range of the provider's policies and procedures. We saw that some of these needed updating. For example, 'safeguarding service users from significant risk of harm' and 'safeguarding service users from the harmful actions and behaviour of other service users' referred to outdated legislation. They also referred to the common induction standards which the area manager told us the home no longer uses. The policy 'assessing and managing risks from burns and scalds from hot surfaces' also referred to the common induction standards. This meant it was unclear from these policies what training staff needed to safeguard people and protect them from burns and scalds. The provider's statement of purpose also needed updating to reflect personnel changes.

We looked at how the service set out to deliver high quality care. We saw that audits were carried out to check that all aspects of the service were running efficiently. The area manager told us she had found that some audits were out of date and the provider had introduced a new computerised audit system to address this. She said she had identified DoLS referrals and safeguarding as a priority area and had already completed audits in relation to these. She said care plans had been audited in April 2015 and found to be in need of improvement. This had led to a new care planning system being introduced to the home.

We discussed policies and procedures and the service's audit system with the area manager and provider. They said they were aware that improvements were needed to both and said these would be carried out as a matter or priority.

Following the inspection the area manager contacted us to say that a number of issues identified at the inspection had already been actioned. A new and more appropriate sounder had been ordered for the call bell to create a more relaxing atmosphere in the home. The chair in the downstairs lounge that was possibly odorous had been removed. Further DoLS applications had been made and staffing at lunchtimes had been reorganised and improved so as to enhance the meal time experience for the people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider was not always assessing the risks to the health and safety of service users receiving care or doing all that was reasonably practicable to mitigate any such risks.