

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Ebor Lodge

92 Westbourne Avenue, Hull, HU5 3HS

Tel: 01482342099

Date of Inspection: 24 April 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Carol Mason
Overview of the service	<p>Ebor Lodge is located in the west of Hull and is close to local amenities. The home has three floors which are accessed via stairs. There are two communal lounge areas and a dining room, two bathrooms and a kitchen.</p> <p>The home is registered to provide care and accommodation for up to 13 people who have mental health needs.</p>
Type of service	Care home service with nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 24 April 2014, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

The inspection was carried out by an adult social care inspector. We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service caring?
- Is the service responsive?
- Is the service safe?
- Is the service effective?
- Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who used the service and the staff supporting them, and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

- Is the service caring?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people.

People who used the service, their relatives, friends and other professionals involved with the service, completed an annual satisfaction survey. Where suggestions or concerns had been raised the provider had listened and made changes to the service.

People's preferences, interests and diverse needs had been recorded and care and

support had been provided in accordance with people's wishes.

- Is the service responsive?

Staff knew the people they cared for and understood their preferences and personal histories.

We saw that people's care needs were kept under review and care plans, risk assessments and support plans were updated when required.

- Is the service safe?

Systems were in place to make sure that the registered manager and staff learnt from events such as accidents and incidents, complaints, concerns and investigations. This reduced the risks to people and helped to ensure that the service continually improved.

The people who used the service told us they were happy and that they felt safe. We saw that people were treated with respect and dignity by staff.

The home had policies and procedures in relation to 'preventing abuse', 'signs of abuse' and 'suspicion of abuse'. Staff had completed training in how to safeguard vulnerable adults. This meant that people were safeguarded as required.

The home was safe, clean and hygienic. Equipment was well maintained and serviced regularly so people who used the service were not put at unnecessary risk.

- Is the service effective?

People's health and care needs were assessed with them, and they were involved in writing their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required.

The premises had specialised equipment to meet the needs of people with physical impairments.

- Is the service well led?

The service had quality assurance systems in place and records we looked at showed that identified shortfalls were addressed promptly.

The provider consulted with people about how the service was run and took account of their views.

Staff told us they were clear about their roles and responsibilities. This helped to ensure that people received a good quality service at all times.

What people who used the service and those that matter to them said about the care and support they received.

A person who used the service told us, "It was my birthday yesterday, I went to see my

daughter; I can go where ever I want."

Another person said, "All the staff are nice to me and all the people here are nice."

People we spoke with told us, "I like it here", "They look after me well, it's nice", "Sometimes we go to the amusements or the park and sometimes we go to the seaside" and "I'm happy thanks."

A person who used the service told us, "I feel safe." Another person said, "This is my home, they (the staff) look after me."

A person who used the service said, "The staff listen to me and if I want anything they help me."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service expressed their views and were involved in making decisions about their care and treatment. We saw evidence to confirm that people and their relatives were involved in their care planning and reviews of their care. The registered manager told us, "We have reviews every six months unless something happens so one is needed earlier. We try and make sure people's families are involved whenever we can."

People who used the service understood the care and treatment choices available to them. We saw that care plans had been signed to by the person or a relative to confirm they were involved in its production and understood its content.

During the inspection re-decoration of the home was taking place. A member of staff we spoke with explained, "We have a lady in a room downstairs, she loves sparkly things so we picked some wall paper that we knew she would like and showed it to her before we put it up, she loves it."

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The registered manager told us, "We have informal service user meetings, they are ran by one of the supervisors, every month they will just sit in the lounge and talk about how things are going and if anyone wants anything doing differently." We saw that alternative meals and activities had been introduced after suggestions in a recent meeting.

People were supported in promoting their independence and community involvement. A member of staff told us, "We encourage people to be as active as they can be; one lady goes to see her friend a couple of times a week, and to the charity shop every Thursday. Another person goes to stay with his parents at a weekend, other people to go to the shops."

A person who used the service told us, "It was my birthday yesterday, I went to see my daughter; I can go where ever I want." Another person said, "All the staff are nice to me

and all the people here are nice."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, because some of the people who used the service had complex needs which meant they were not able to tell us their experiences. We looked at a number of care plans, risk assessments and organisational policies and procedures. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The registered manager told us, "Social services usually refer people to us, we will invite them to come and see us and the home, I will look at their care plans and risk assessments and we, us and the person will make a decision if this is a suitable place for them."

We looked at several care plans and saw that they contained a range of support plans in relation to people's care needs including, communication, diet and nutrition, mobility, medication, mental health and social stimulation. Risk assessments were in place for subjects such as, mobility, incontinence, falls and pressure sores. We also saw a 'brief summary' page that provided information in relation to likes and dislikes and further information about 'what is important to me' and 'how you can best support me'.

The provider may find it useful to note that, we saw a number of detailed support plans that informed staff what actions to take when specific situations occurred. However we saw one support plan in relation to 'behaviour that may disrupt the service' that failed to provide appropriate guidance for staff to follow. We discussed this with the registered manager who told us the support plan would be developed to ensure detailed information was available for staff to follow when people presented 'behaviour that may disrupt the service'.

SOFI allows us to spend time observing what is happening in a service and helps us to record how people spend their time, the type of support they receive and whether they have positive experiences. We observed the lunch time experience and the support given throughout the day. We saw that care and assistance was provided in a compassionate

way and people were assisted at a suitable pace that enabled to be as independent as possible. Interactions with staff were positive and uplifting for people who used the service.

People we spoke with told us, "I like it here", "They look after me well, it's nice", "Sometimes we go to the amusements or the park and sometimes we go to the seaside" and "I'm happy thanks."

Communication charts had been produced for a number of people who used the service. A member of staff we spoke with said, "Communication charts are in people's files but after a bit you don't need them, you get to know and understand what people mean."

It was evident from the care plans we saw that a range of health care professionals were involved in the care and treatment of people who used the service. We saw advice and guidance from care co-ordinators, community psychiatric nurses, social workers, diabetic nurses and the recovery and support team. The registered manager told us, "We weigh people on a monthly basis and if we ever have any concerns we will refer them to the dietician." We saw evidence to confirm referrals had been made to the dietician and the falls team.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Reasons for our judgement

The provider had a range of policies in relation to safeguarding people who used the service for staff to refer to. We saw 'signs of abuse', 'preventing abuse' and 'suspicion of abuse'.

Staff had completed training in relation to safeguarding vulnerable adults. We spoke to three members of staff who could independently describe the different types of abuse and what action to take if they suspected abuse had occurred. One member of staff said, "I would report it to my manager, I know she would deal with anything in the right way but I know you can ring the safeguarding team if you have any concerns, we were told that on the training."

The registered manager explained, "We have not had to make any referrals to the safeguarding team for a long, long time" and went on to say, "I have checked things out with them but they have always said they don't need an alert when I ring." We saw that safeguarding referral forms were displayed in the main office.

A person who used the service told us, "I feel safe." Another person said, "This is my home, they (the staff) look after me."

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were kept safely. A lockable medication trolley was stored in the manager's office and secured to a wall in line with best practice guidelines. The provider had a double locking controlled drug cabinet and a medication fridge for the appropriate storage of medication.

Medicines were handled appropriately and administered safely. A member of staff explained, "Medication comes in cassettes, they are pre packed at the pharmacy but we check them when they are delivered to make sure everything is right" and went on to say, "The cassettes are great, you just pop the medication out at the time and date and that's it."

Medicines were disposed of appropriately. A member of staff said, "Any medication that is refused or no longer needed is returned to the pharmacy." We saw the provider's 'returns' sheet that confirmed unused medication was returned to the supplying pharmacy to be disposed of.

The provider may find it useful to note, fridge and room temperatures were not recorded to ensure that medicines were stored as directed by the manufacturer. Failure to store medication at recommended temperatures can cause them to lose potency. We highlighted this to the registered manager who informed us that this would be rectified immediately.

We saw that the provider's supplying pharmacy had recently completed an audit and that all of the recommendations, including the procurement of a new controlled drugs cabinet had been implemented.

The provider had a number of policies to guide staff in relation to the safe handling, storage and control of medication. We saw 'medication', 'medication administration', 'covert', 'dispensing' and 'secure storage' policies.

We saw that the provider had contacted one person's GP when they persistently refused to take their prescribed medication. The registered manager told us, "We were having

issues so informed the person's GP who sent us a letter confirming that it was in the person best interest to give them their medication covertly." We saw evidence to confirm authorisation had been given to supply medication to the person who used the service covertly.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. The registered manager told us, "We regularly assess people's care plans, risk assessments and support plans so we know we are providing the care they need." We saw that medication, environment, infection control and cleaning audits were completed periodically.

We saw evidence that questionnaires were completed by people who used the service (with the support of relatives, friends or staff when required), relatives, staff, and outside agencies on a yearly basis. The registered manager told us, "They are really useful and we try and incorporate any suggestions that come back." The home also had a suggestions box, with comments cards so people could leave feedback about the service.

A member of staff told us, "We try and learn all the time. We have meetings for the residents pretty regularly, whatever comes up we make sure we listen to so they (the people who used the service) are getting what they want. A person who used the service said, "The staff listen to me and if I want anything they help me."

A maintenance programme for the continuous improvement of the home was in place. A member of staff we spoke with said, "We have done one bedroom downstairs and the quiet lounge but have got samples of wall paper and carpets so people can let us know what they like and we will do all the rooms eventually."

The provider received alerts from the Central Alerting System (CAS) and the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts are distributed to highlight issues with products and stock items that the provider may have purchased. The registered manager told us, "We receive alerts; I check them whenever they come in but they have never affected us."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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