

## Eastwood Lodge Residential Home Limited

# Eastwood Lodge

### Inspection report

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### 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Eastwood Lodge is a care home situated in the village of Woodall Spa in Lincolnshire. The service offers accommodation and provides personal care for up to 19 people aged 65 and over. There were 17 people living at the service at the time of inspection. Eastwood Lodge is laid out over two floors.

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

Staff received safeguarding training and understood how to protect people from abuse. Risks associated with people's care had been assessed and measures were in place to reduce the risk of harm. People received their medicines safely. There were shortfalls identified in the recruitment process which had been picked up during an internal audit in October 2019. Actions were being taken to rectify this. Lessons learned had been implemented following accidents and incidents, which were clearly monitored.

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's needs had been assessed prior to admission. Staff received training in relation to their roles and were knowledgeable about the support they were providing to people. People's nutritional needs were met. People's capacity had been assessed and best interest meetings were carried out.

Staff interacted with people in a positive way. People felt well treated and respectfully supported by staff. People were offered choice. They were encouraged to have 'wishes' and asked what they would like to do.

People had care plans in place. The management team were in the process of re-writing these to ensure they were person-centred and fully reflective of people's needs. People were encouraged to join in activities. Information was accessible to people in different ways. Concerns and complaints were managed appropriately. People had end of life care plans in place.

The registered manager had a clear vision for the service and was working to fully embed this in the staff team. People and staff spoke about the management of the service in a positive way. Staff were clear of their roles. There were quality monitoring systems in place to ensure oversight of the service and care delivered, where shortfalls were identified, action plans were in place. The registered provider was open and honest when things went wrong.

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

The last rating for this service was requires improvement (published 20th October 2018) and there were

breaches of regulation. 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.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

**Good** ●

# Eastwood Lodge

## 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.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff, including; the registered manager, the deputy manager, the quality assurance manager, a team leader and a care assistant. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 requires improvement. 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

- Staff received safeguarding training and understood their responsibilities to protect people from harm and abuse.
- Staff were confident in reporting concerns which may be related to safeguarding. Staff told us "I would make sure the resident was safe and report it to [Name of registered manager]. I am sure it would be dealt with but if I needed to I could escalate to [Name of regional director], the local authority and CQC if needed."
- Safeguarding concerns had been identified and reported to the local authority. These concerns had been investigated by the registered manager and actions had been taken to protect people.
- People told us they felt safe. One person said "Yes, it's safe here." Another person told us "Oh yes, it's absolutely safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care had been assessed and measures had been put in place to reduce the risk.
- Where people had been identified as being high risk of falls, support and equipment had been implemented to reduce the risk of falls.
- People were supported to take positive risks and be independent in chosen tasks. One person liked to walk in the garden alone, walking aids were sought to enable person to do this safely.
- Accidents and incidents were recorded and appropriately monitored.
- Following accidents and incidents the registered manager had undertaken reviews as part of the monitoring process and recorded actions implemented to reduce risk of reoccurrence.
- A monthly audit was carried out to identify trends and themes of accidents and incidents. A review of themes and trends was documented and where action was required, it had been taken.

Staffing and recruitment

- Recruitment processes were in place but had not always been followed. We reviewed three staff files. The registered provider had carried out pre-employment DBS (disclosure and baring service) checks to ensure staff were safe to work with people. However, whilst staff had a reference's on file, one staff member only had one in place. This was identified through an internal audit in October 2019 and actions were being taken to rectify this.
- People were supported by enough staff to meet their needs.
- There were rota's in place and where shortfalls had been identified, agency staff were used to cover these. Relatives told us there was enough staff and one relative said, "Oh yes, there is enough staff."

### Using medicines safely

At our last inspection we found medicines were not always managed safely and people did not always receive their prescribed medicine. This was a breach of regulation 12 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 managed safely, and people received their prescribed medicines.
- Protocols were in place for 'as needed' medicines, which were personalised to individuals. For example, where people are prescribed 'as needed' pain relief and are unable to verbally communicate, the protocol stated how the person may express pain in non-verbal ways.
- We reviewed stock of the 'as needed' medicine, including where the MAR chart states 'one to two tablets'. Whilst most stock was auditable and stock counts were correct. One person's MAR chart was unclear, and we were unable to determine whether the stock for this person was correct. We addressed this with the deputy manager and immediate action was taken.
- Where people took their medicine independently, there were risk assessments in place to ensure people were safe to do so.
- Medicines were stored in an safe environment.

### Preventing and controlling infection

- The service followed infection control practices.
- Person Protective Equipment (PPE) was available to staff and we observed them using this during inspection.
- There was a Lincolnshire Care Association (LINCA) infection control practitioner for the service who attended forums. This kept the service up to date on current practice.
- There was an infection control folder, containing information on infection control in line with Lincolnshire County Council's guidance. This meant staff had access to best practice information to support them in their roles to protect people from infection.



# 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 requires improvement. 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

- People's needs were assessed prior to admission to the service. This was undertaken by the registered manager.
- Some people, who were at risk of skin damage, had been assessed to require support from staff to reposition regularly. Details of this were documented in their care plans and records showed staff delivered support to these people in line with this guidance.
- People's medical needs were assessed and information was available to staff in people's care plan. This was to inform staff of symptoms, risks and on-going support a person may require. For example, where people had previously experienced a stroke, information was available to inform staff of signs of a stroke and actions which needed to be taken.

Staff support: induction, training, skills and experience

- Staff received an induction on commencing employment in the service and on-going training.
- Qualifications were offered to staff as part of their role called NVQ's (National Vocational Qualification). A variety of staff were enrolled and working towards NVQ's. This was to up-skill staff, increase their knowledge and to promote development. The registered provider had also sought further training outside of mandatory fields. Such as; for team leaders, training for leadership and assertion skills was provided.
- The registered manager displayed training courses in the corridors as well as the staff room. The registered manager told us "We invite relatives to join in our training courses. For example, a family who have had their loved one diagnosed with dementia, sometimes, they are unsure of how to deal with this. So, we invite them to our training to help them understand."
- The staff were knowledgeable about the care and support they provided to people.

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

- People were supported to maintain a balanced diet and drink enough.
- There were hydration stations around the service, for people to access which included; fresh fruit, a variety of juices and snacks. For people unable to access the hydration station, we observed staff offered regular food and snacks to people.
- People were offered a choice of meals. We observed the chef go to people and ask what they wanted for their lunch time meal. For people who did not want what was on the menu, an alternative was sought.
- Some people were assessed to require support from staff to eat their meals. We observed they received this support.

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

- The service design and decoration were homely and met people's needs.
- People were able to personalise their room with belongings from home and pictures of their family.
- There was a second floor to the service and had accessible stairs if people were able to use these.

However, for people unable to manage stairs, there was a chair lift in place to enable people to access the second floor.

- Communal areas were personalised to people living in the service and people recognised objects relating to them. For example, people had painted pictures and they were displayed for people to see.

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

- The staff supported people to access healthcare services and support in a timely way.
- The service had access to an electronic form which can be completed if a person required healthcare support. This is sent straight to the doctor's surgery and the doctor responded with a suggested outcome. For example, the GP has booked a home visit for the person or to take regular pain relief. This meant people were receiving healthcare support in a timely way.
- People had access to a local dentist in the village. For people who are unable to access the dentist in the community, the registered manager completed an (National Health Service) NHS form online and requested a dentist to attend the service.
- An optician visited the service regularly and provided people with eye examinations. Staff told us "Optician visits have more than one benefit, it also reduces the risk of falls if people can see better."

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.

- People's capacity had been assessed and best interest decisions had taken place where people lacked the capacity to make their own decisions.
- Best interest meetings were documented, and staff had considered individual needs in relation to the location of these meetings. One record stated, "This meeting took place in the dining room and it was quiet."
- Where people were unable to make some decisions, the registered manager had applied for DoLS and actions were taken following recommendations.
- Advocacy services were available to people, should people require support with decision making. The service had an involvement with an advocate for people at the time of inspection.
- Staff had a good understanding of the MCA. Staff told us "It's the do's and don'ts of supporting people who

lack capacity. It is to make sure residents can do what they want and have choice. It is also promoting independence as much as possible. That's what we do here too."

# 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 good. At this inspection this key question has remained the same. 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 felt they were treated well and supported by staff. People told us "Oh they are lovely, they will always help when I need it." Another person told us "There is good food and we are looked after well."
- We observed positive interactions between staff and people. During a SOFI at lunch time, a person was singing to themselves, a staff member went over and began humming the tune with the person.
- There was a 'wish tree' in the dining area, where some people had written down their wishes. The registered manager told us that once everyone's wishes were on the tree, staff would pick one per month and make these happen.
- Non-care staff were passionate about treating people well. A member of staff told us "I always go around the home, check people are okay. [Name of person] was unwell recently, they asked me to pray with them. So, I took the time to pray with her and reassure them."

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

- People were involved in their care and were able to express their views.
- The registered manager told us "We review the care plans with the residents. We also have an annual review where the resident and their family are invited to give their feedback."
- People were asked to be involved with interviews for new staff. This meant people could express their views about staff who could be supporting them in the future. We observed this during inspection.
- People told us they liked living in the service and felt listened to. People told us "It really is a lovely home. If I want to say anything I can speak to staff or [Name of registered manager], they always listen."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted dignity for people and respected their human rights.
- At lunch time, we observed a staff member supporting a person to use a clothes protector. This was done in a discreet and dignified way.
- Staff offered support to people respectfully and got down to people's level, using language they could understand.
- We observed staff knocking on people's bedroom doors before entering.

# 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 good. At this inspection this key question has now remained the same. 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

- People had care plans in place and their care was planned personal to them.
- The management team were in the process of re-writing these care plans to ensure they were person-centred and fully reflective of people's needs. This included reviews with people to ensure they were involved in what went in to their plan of care.
- The staff had worked to gather as much life history about people as possible. Some people, who were living with dementia had 'All about me' booklets in place. This gave the staff an overview of individuals and what was important to them.
- Where people had chosen to, they were able to access the garden at their leisure. Staff told us "We got the gardener in, to make the garden nice and safe for people. Now they can come and go as they please."

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.

- People had information accessible to them in line with their current needs.
- However, the registered manager had identified this could be further improved and was working on ways other information could be accessible to people. For example, the registered manager told us "For people who are living with dementia, we are going to be introducing plates, so they can be shown meals to choose from."
- There were easy read versions of information on the communal notice board.

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

- People were supported to take part in meaningful activities.
- There was an activity planner in place which identified group activities and one to one activity for people's birthdays. People were supported to join in 'Move it mobility', which was an exercise class. One person told us 'I really like the exercise class as it keeps me moving.'
- Where the activity co-ordinator was not able to provide activities, care staff provided activities for people. For example, on the day of inspection, staff and some people were dressed up in fancy dress for Halloween and there was a Halloween party in the afternoon. People looked forward to this throughout the day.
- The service had joined the 'postcard of kindness programme'. This is where people from all around the world can send postcards to people using the service. People had responded to the postcards and were in

conversation with people from different parts of the country. These were also displayed in communal areas for people to enjoy with their relatives.

- The registered manager informed us that assistive technology is an area of on-going development in the service. There are plans in place to purchase people an electronic device, to enable people to video call their relatives and a voice activated music player.

Improving care quality in response to complaints or concerns

- Formal complaints were handled appropriately and there was a complaints log in place.
- Relatives told us they could approach the registered manager to make a formal complaint. One relative told us "I have made a complaint and it was dealt with very well."
- The registered manager had a 'manager communication book' where they documented conversations and feedback from people and relatives. This included informal concerns. It also stated actions what had been taken following concerns.
- The service held monthly reflective meetings. This was following informal concerns raised throughout the month. Following this meeting, the registered manager displayed points raised in the meeting with actions taken to address the concern. This was to assure people and relative concerns were taken seriously and acted upon.

End of life care and support

- People had end of life care plans in place.
- Staff received training on end of life support and worked with nurses who specialise in caring for people at the end of their life.
- There was no one receiving end of life care and support at the time of inspection.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found systems for monitoring and improving the service were not consistently effective. Although regular audits were carried out, improvements were not always made to address shortfalls. This was a breach of regulation 17 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.

- There were systems and process in place to ensure the registered manager and registered provider had oversight of quality and the care being provided.
- The registered manager undertook monthly themed audits to identify shortfalls. This included; medicines, infection control, care plans and call bells. All shortfalls were put on to a central action plan called 'Performance Improvement Plan' and were signed off when complete.
- The registered provider had carried out visits to monitor the service and the registered manager visited the service out of hours to ensure consistency of care.
- The registered manager was aware of their responsibilities and notified The Care Quality Commission of important events which happened in the service. For example, serious injuries and safeguarding concerns.

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

- The registered manager had a clear vision for the service and was in the process of fully embedding this within the staff team.
- Staff told us they were supported by the registered manager. One member of staff told us "[Name of registered manager] is 100% approachable." Another told us "When I had concerns, they were sorted straight away. Everything was kept confidential."
- Care staff felt supported by the team leaders. One member of staff told us "We have the best team leaders, they certainly know how to lead a team. We wouldn't be where we are without them."
- Staff felt the registered manager cared about people living in the service. Staff told us "The manager will go above and beyond to make sure the residents are happy."

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; Continuous learning and improving care

- The registered manager had been open and honest when something had gone wrong. At the time of inspection, the registered manager was acting upon the duty of candour and was meeting with a family

following an incident.

- The registered manager, supported by staff, continually sought ways and ideas to improve the care provided in the service.
- The service was supported by an internal quality assurance manager. The quality assurance manager visited the service to undertake audits and observations to continually improve care. We spoke with them and they told us "Staff here are open to things and certainly when suggestions are made."
- The registered manager held morning daily meetings with shift leaders. This was to improve communication and discuss people's needs, to ensure staff are up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked in partnership with others to ensure positive outcomes for people using the service.
- The service received visits from the local nursery and this had a positive impact for people. The registered manager told us "The residents loved it. Seeing their faces when the children came in was great."
- Annual surveys were carried out for staff, relatives and people using the service. Results of these surveys were analysed, and an action plan had been developed. These results and actions plans were displayed so people could see this.