

# Review of compliance

Mrs Carol Mason Ebor Lodge	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	92 Westbourne Avenue Hull HU5 3HS
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	July 2012
<b>Overview of the service:</b>	<p>Ebor Lodge is located in the west of Hull and close to local amenities. The home has three floors which are accessed via stairs.</p> <p>There are two communal lounges and a dining room, two bathrooms and a kitchen.</p> <p>The home is owned by an individual and offers support for up to 13 adults who have mental health needs.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Ebor Lodge was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 4 July 2012, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

People were supported in promoting their independence and commented, "I decide when I go to out and the staff support me if I need them to", "The staff are supportive and I couldn't ask for anything better."

People also told us that choice was offered and they had agreed to restrictions in relation to smoking. They told us that choice was offered and consultation took place particularly regarding the menu, "The food is very nice and there is always a good choice" and "The food is great."

People who used the service told us they were happy with the level of care and support they received. They also told us that they were involved and consulted about the support and care they needed.

People who used the service told us, "I feel safe here" and "The staff listen to any concerns."

People who used the service told us staff were approachable, helpful and supportive.

People told us their views and concerns were listened to and commented, "I have no complaints" and "It's my dream come true, it is my ideal place."

### What we found about the standards we reviewed and how well Ebor Lodge was meeting them

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People's views and experiences were taken into account and their privacy, dignity and independence were respected.

The provider was meeting this standard.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who used the service were protected from the risk of abuse.

The provider was meeting this standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

There was an effective complaints system available. Comments and complaints were responded to appropriately.

The provider was meeting this standard.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

People were protected from the risks of inappropriate care and treatment.

The provider was meeting this standard.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People were supported in promoting their independence and commented, "I decide when I go to out and when the staff support me if I need them to" and "The staff are supportive and I couldn't ask for anything better."

People also told us that choice was offered and they had agreed to restrictions in relation to smoking. They told us that choice was offered and consultation took place particularly regarding the menu, "The food is very nice and there is always a good choice" and "The food is great."

##### Other evidence

People were supported in promoting their independence and community involvement and they were involved in decisions about their support and their diversity, values and human rights were respected.

We looked at care records and these showed us that when restrictions had been put in place the decision had been discussed with the person and recorded. We saw that the appropriate procedure had been followed and this ensured that the person had been involved and consulted, as well as other agencies.

During our visit we observed activities taking place such as board games and staff spending individual time with people reading newspapers and having discussions. We saw that staff interacted with people in a positive, inclusive and caring way.

We spoke with staff who told us that people using the service had commented in meetings and surveys that they would like to go on more 'outings'. We were informed by staff and people who used the service that recent trips out had taken place and these included a 'picnic in the park'. On the day of our visit there had been a trip arranged to the seaside, but due to the weather this had to be cancelled.

**Our judgement**

People's views and experiences were taken into account and their privacy, dignity and independence were respected.

The provider was meeting this standard.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People who used the service told us they were happy with the level of care and support they received. They also told us that they were involved and consulted about the support and care they needed.

##### Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual support plan.

We looked at six care files of people that lived in the home and saw that information was sought prior to a place being offered. The deputy manager told us that an assessment of the person's needs would be undertaken. We saw there had been a recent placement offered and there was evidence of information gathering and contact with other professionals who had been involved in the assessment process. This identified what the needs of the person were and what support was required.

Each care file contained information about the person's history, where they had lived and what support they had received. Daily routines and preferences were recorded. There was a one page profile that included, 'what is important to me' and 'how best to support me', these gave a very good overview of what the person's needs, likes, dislikes and preferences were. Each file contained various care plans that included communication, personal care, diet and nutrition, medication, mobility and social stimulation. We saw monitoring sheets that were completed on a daily basis, which meant that people had their needs identified and there was a clear plan of care for staff

to follow.

There was a communication passport for each person and these described how they communicated and how they would need to be supported. For example, one stated, 'I become pre-occupied and shout and swear to no-one in particular' and you best support me by, 'asking me to go somewhere else, divert my thoughts as I like talking about past jobs'.

We also saw evidence that routine appointments for dental and optical checks were attended. Other specialist advice was sought when needed and this included support from the psychiatrist, community psychiatric nurse (CPN), specialist social worker and the GP.

Risk had been assessed and each person had individual management plans in place for various areas including; self-harming behaviour, medication, going out in public places and behaviours that challenged the service. These included what the risk was and how staff should support the person.

We spoke with staff who described clearly the needs of people that lived in the home. They told us, "The documentation has improved over the past few months and staff are getting to grips with the changes and this has been for the better." Staff also told us how they would promote independence and encourage people to undertake tasks themselves, "If a person is able to do something for themselves then we would offer encouragement and promote their independence."

During our visit we observed staff offering support and assistance to people when needed and this was carried out in a caring and sensitive way.

### **Our judgement**

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People who used the service told us, "I feel safe here" and "The staff listen to any concerns."

##### Other evidence

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 occurring.

Prior to our visit we spoke with the Local Authority Safeguarding team who confirmed they had not received any recent safeguarding alerts. We also contacted the Local Authority Contracts department who told us they had undertaken a monitoring visit recently and no concerns had been raised about the service.

During our visit we spoke with the deputy manager, one support worker and two people who used the service. We checked documentation such as incident records and care files. This demonstrated that incidents that placed people at risk of abuse had been reported to or discussed with the local Safeguarding team and the Care Quality Commission (CQC).

We spoke with the deputy manager who told us, "The manager, myself and the senior carer have attended the manager's awareness for safeguarding adults. We now use the tool to identify possible abuse and we feel confident in assessing whether a safeguarding alert is needed."

We saw training records confirming that the majority of staff had undertaken Safeguarding of Vulnerable Adults (SOVA). The deputy manager told us, "We are awaiting further dates for the remainder of the staff to undertake the training." Several staff had completed the Mental Capacity Act (MCA) 2005 awareness training and we saw evidence that further training had been arranged with the local authority safeguarding team.

We saw evidence in the case files belonging to people who used the service that their rights had been protected and where restrictions had been put in place, this had been carried out in accordance with the Mental Capacity Act 2005.

This meant that staff had undertaken training that would ensure they were skilled and understood their role in protecting vulnerable adults from harm or the risk of abuse.

**Our judgement**

People who used the service were protected from the risk of abuse.

The provider was meeting this standard.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People who used the service told us staff were approachable, helpful and supportive.

##### Other evidence

Staff received appropriate training and professional development.

We looked at the training records and this showed us that the majority of essential training had been undertaken by staff. The deputy manager told us that there had been no new staff members appointed since the previous inspection. We were told new staff would complete the in-house induction, and the common induction standards as soon as possible after commencing work.

We spoke with staff and they told us that, "Training had improved and supervision too. I can contact the manager or deputy at any time," "Since the last inspection I have completed training in moving and handling, hoist and lifting, first aid, fire safety, health and safety."

We saw records that confirmed staff received supervision and support on a regular basis. This meant that people were supported by experienced and well trained staff, who understood their needs and how best to support them.

##### Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

The provider is compliant with Outcome 17: Complaints

#### Our findings

##### What people who use the service experienced and told us

People told us their views and concerns were listened to and commented, "I have no complaints" and "It's my dream come true, it is my ideal place."

##### Other evidence

People were made aware of the complaints system. This was provided in a format that met their needs.

We saw evidence that people's views were listened to and complaints were dealt with swiftly.

We saw evidence that regular service user meetings were held and people were able to raise concerns or minor issues. We also saw the service had taken action to put things right. For example, people wanted to have trips out on a more regular basis and we could see that this had been taken seriously by the management and trips had taken place with more planned for the future.

This showed us that the provider listened to the views of the people that lived in the home, took action when needed and gave feedback.

##### Our judgement

There was an effective complaints system available. Comments and complaints were responded to appropriately.

The provider was meeting this standard.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

People told us they had been involved in developing their care plan and comments included, "I have helped put this together" and "I talked to my key worker about this."

##### Other evidence

Records were kept securely and could be located promptly when needed.

We looked at a variety of records in relation to peoples' individual care and support and found that these were held securely and had been updated when changes had occurred. We also saw that regular monitoring of medication, nutrition and diet and behaviours that challenged the service had been reviewed by the management.

The deputy manager told us, "We have updated all of the care files and they now include the person's preferences, likes and dislikes. They have been put together by staff, but in consultation with the individual."

##### Our judgement

People were protected from the risks of inappropriate care and treatment.

The provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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