

**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: 14 May 2013

Date of Publication: May 2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	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.</p> <p>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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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 May 2013, 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, reviewed information sent to us by commissioners of services and reviewed information sent to us by other authorities.

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### What people told us and what we found

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People who used the service told us they were supported in promoting their independence. People said they were able to make choices about their everyday lives and this included when they went out or got up in the morning. Comments included, "I like to get up early, around 6am" and "I get up and go out when I want to, but the staff do come with me if I need them to."

People who used the service told us they were happy with the level of care and support they received. They also told us they were involved with developing their care plans and other decision making within the home. Comments included, "I love it here", "It's my home" and "We all get on."

People told us the food was good and choice was offered.

We saw that people's views were sought in a variety of ways and consultation took place on a regular basis.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

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

People who used the service told us they were supported in promoting their independence. People said they were able to make choices about their everyday lives and this included when they went out or got up in the morning. Comments included, "I like to get up early, around 6am" and "I get up and go out when I want to, but the staff do come with me if I need them to."

People who used the service told us they were happy with the level of care and support they received. They also told us they were involved with developing their care plans and other decisions within the home. Comments included, "I love it here", "It's my home" and "We all get on."

During our visit we observed staff interacting with people and this was done in a positive way and choice was promoted. We saw people who required assistance with eating and drinking were offered support from staff and this was carried out in a caring and sensitive manner.

We looked at three care files of people that lived in the home and saw that each care file contained information about the person's history, where they had lived and what support they had received. Daily routines, preferences and how best to support the person were recorded. Care plans included a variety of areas including mental health, communication, personal care, diet and nutrition, medication, mobility and social stimulation. We saw monitoring sheets were completed on a daily basis and concerns raised were passed on appropriately to relevant professionals.

Each person had a communication passport and these described how best to communicate with them and how they would need to be supported. We also saw evidence that routine healthcare check ups and appointments were

attended.

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. Overall these gave clear information to the person reading it with regard to what the risk was, trigger signs to look for and how best to support the person. However, the provider may find it useful to note that we saw one risk management plan that stated the signs to look for were the person being pre-occupied and delusional. This would need to be expanded upon to ensure that the person reading it would fully understand what that meant and what intervention was required.

We spoke with staff who gave a clear account of the needs of the people that lived in the home. They described how they would need supporting and what any risks may be. Staff said, "We work as a team and it's a real home from home." They also told us that since the last inspection the training had improved greatly and said they felt more confident and better understood the needs of the people they supported.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People were supported to be able to eat and drink sufficient amounts to meet their needs. People were provided with a choice of suitable and nutritious food and drink.

People who used the service told us the food was good and choice was offered. Comments included, "The cook is very good", "She (the cook) comes and asks us everyday what we would like" and "We can ask for something different, today I only wanted a sandwich but I had some roast potatoes with it."

The registered manager told us that the menu was not displayed, but that the cook would speak with people on a daily basis and find out what they would like to eat. She said, "We always offer a choice of two meals and if anyone wants anything different then this would be accommodated." We were also told that all of the produce was bought locally and fresh meat and vegetables were delivered weekly.

We saw that preferences, likes and dislikes were recorded and when we spoke with staff it was clear they knew what each person liked and how best to support them. We also observed staff assisting a person with their lunch and this was carried out at the person's own pace.

We also saw that weight and dietary charts were implemented when there were concerns. There was evidence in place to confirm that other healthcare professionals were involved with those individuals who required specialist support.

We saw that all staff who prepared, cooked and served food had undertaken food safety training.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. People who used the service told us they were very happy living at Ebor Lodge. Comments included, "I love it here", "It's my home" and "I like to play music in my bedroom."

We undertook a tour of the building and saw that it was homely and comfortable. We saw there were two lounge areas, one being a smaller and quieter area for people to sit and watch TV. There was a separate dining room, kitchen and laundry room. The provider may find it useful to note that the laundry floor was not fully impermeable as the tiled area did not go across the whole of the floor. We also saw that the ceiling had been re-plastered but had not been painted. We noticed the door did not lock and spoke with the manager, she confirmed that a key code lock was to be fitted to the laundry door on Friday 17.5.13 and moved any potentially harmful substances into a locked staff room. The manager gave us assurances they would contact the health and safety department for advice with regard to the laundry floor and ceiling areas.

We saw that bedrooms were personalised and homely. However, we did notice that some of the decor and floorings looked tired and dated. The manager told us that the first floor bathroom and some bedrooms were due for refurbishment. Although we saw a maintenance plan, it did not detail or prioritise areas in need of renewal or redecoration and timescales were not specific. The manager said she would develop a more robust tool for monitoring the environment. We also noticed an offensive odour on the 2nd floor landing area and the manager informed us that this was due to one person's lack of personal hygiene and urinating in their bedroom. We were told that this was an ongoing problem but was becoming more difficult to deal with. An urgent review was to be called in order to assess the risks and determine a clear plan of action.

We saw that an inspection by the Environmental Health Department for food safety had taken place and improvements were required. The manager gave us an update and confirmed that the requirements had all been met.

The home has a front and rear garden, seating area and smoking shelter.

We saw written evidence confirming that the maintenance of the building was kept up to date. This showed us the servicing of the gas and electrical supply was carried out and the fire alarm and equipment was tested on a regular basis. This showed us that people who used the service lived in safe and accessible surroundings that promoted their wellbeing.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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We spoke with people who used the service and they told us there were sufficient staff on duty and they felt that staff understood their needs.

We looked at the staffing rota and spoke with the manager and this confirmed the current care staffing hours were 346 per week. The manager told us, "We have two carers on duty throughout the day and I am in addition to that. At night we have one waking and one sleeping member of staff." The service had one domestic and one cook.

We spoke with staff who told us they felt the staffing levels were sufficient to meet the needs of people that lived there. Comments included, "I think they are ok" and "We get to do activities with people."

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw that people's views were sought in a variety of ways and consultation took place on a regular basis. Meetings were held with people who used the service where various topics were discussed and these included the menu choice, activities and outings and occupation. The cook and care staff discuss the menu options on a daily basis and people told us they liked it that way as they might forget what they were having otherwise.

We saw that surveys had been completed by people who used the service, staff and other professionals involved and corrective actions had been highlighted and improvements made. For example, people who used the service requested that they had a takeaway on a Saturday night and we saw that this had been introduced and was a regular and enjoyable activity for them.

We looked at the complaints policy and procedure and this showed us that each one had been investigated and the outcome relayed to the complainant. There had been no complaints made since the last inspection. People who used the service were very complimentary about the manager and told us that any problems were sorted quickly.

We saw that audits had been undertaken and these included monitoring of the cleanliness, hygiene and maintenance within the home. We saw that care files and the medication system were checked for accuracy on a regular basis. The manager told us that regular handover meetings and staff surveys helped to identify areas in need of improvement. This showed us that the service listened to the people who used the service and others involved with providing their care and made changes to the service when necessary.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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