

Yorkshire Property Investment Fund Limited Ernelesthorp Manor & Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ernelesthorp Manor and Lodge is a care home providing accommodation and personal care. It can accommodate up to 65 people in 2 units, at the time of our inspection 1 unit was closed. Some people using the service were living with dementia. There were 33 people using the service at the time of the inspection.

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

People told us they felt safe living at the service. Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Relatives we spoke with told us their family members were kept safe. There were enough staff to support people safely. People received medicines safely and as prescribed. Staff administering medicines had received training which was regularly refreshed. Staff were aware if people were at risk due to their health condition. Risk assessments contained guidance on how to minimise risks. Incidents and accidents were reviewed to ensure lessons were learnt. 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.

Staff followed infection prevention and control procedures. The registered manager and staff understood the importance of infection control. However, we identified some minor issues at site visit, which were addressed by the registered manager immediately, systems were also improved to ensure issues were identified promptly.

The management team were visible in the service and worked alongside staff as needed. This meant they were aware of the culture of the service and able to check staff reflected their values. People felt listened to and their views were obtained. Feedback we received from people and their relatives was positive.

There was a quality monitoring system in place covering all aspects of the management of the service. Action plans were then developed to help drive improvement. We identified some documentation that could be improved to ensure standards were maintained. The registered manager addressed this following our site visit and sent us the actions taken to improve these areas.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 20 November 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook this focused inspection and this report only covers our findings in relation to the Key

Questions safe and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ernelesthorp Manor and Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ernelesthorp Manor & 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ernelesthorp Manor and 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 19 January 2023 and ended on 2 February 2023. We visited the home on 19 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider had completed a provider information return prior to this inspection. 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 this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 3 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, senior care worker, care workers, ancillary staff and the regional manager.

We reviewed a range of records. This included 5 people's care records, medication records and weight records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse.
- Policies and procedures were in place for whistleblowing and safeguarding adults from abuse.
- People told us they felt safe and knew who to report concerns to. A person said, "I feel safe all the time, this is my haven and sanctuary." Another said, "Always someone to talk to, especially if I am having a down day, this keeps me on track."
- Safeguarding concerns had been escalated appropriately and action taken to keep people safe when required.
- Staff undertook training in how to recognise and report abuse. Staff told us they would have no hesitation in reporting any concerns to the registered manager or appropriate authorities and were confident that action would be taken to protect people.

Assessing risk, safety monitoring and management

- The provider had systems in place to ensure lessons were learned when things went wrong.
- Care plans contained risk assessments which identified when people were at risk and guided staff on the actions to take to mitigate the risks.
- Environmental safety checks were carried out to ensure safety of the premises.
- Personal emergency evacuation plans were in place outlining the support each person would need to evacuate the building in an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. People's consent was sought before personal care was provided. Staff explained the actions they would take if anyone was resistant to personal care. This reflected people's right to choose when they were supported.
- Some people had been assessed as lacking capacity and applications for DoLS authorisations had been made appropriately.

Staffing and recruitment

- There were enough staff available to ensure the safety of people. There were some vacancies at the service and the registered manager was pro-actively seeking to fill these vacancies.
- During our observation's we saw staff were deployed effectively to meet people's needs. However, this was not always the case during the mealtime. Following our site visit the registered manager completed a number of mealtime audits and has implemented improvements to ensure it is a pleasant experience for people.
- The provider used a dependency tool to determine staffing hours required to meet people's needs. Rotas we saw confirmed the staffing levels met the dependency tool requirements. People told us there was enough staff on duty and said the staff were available when they required assistance.
- Relatives spoke highly of the staff, 1 relative said, "We are so lucky [relative] is in here they are treasured and loved what more would we ask for."
- The provider had a robust staff recruitment system in place. The files we saw showed pre-employment checks had been obtained prior to staff commencing employment.

Using medicines safely

- Medication systems were in place to ensure safe management of medicines. We checked medication administration records and found people received their medicines as prescribed. However, we found some minor documentation issues, receipt if medicines and carried over amounts were not always recorded. We discussed this with the registered manager who amended the documentation records to include this.
- Some people had medicines for use 'as required' (PRN). There were PRN protocols in place to guide staff on when these should be administered and the appropriate dosages and gaps between administration.
- Staff had completed medicines training and been assessed as competent to administer medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach to ensure areas identified at inspection were included in the quality monitoring, so actions are addressed in a timely way.

Visiting in care homes

- Processes were in place to facilitate safe visiting at the service. Relatives we spoke with confirmed they were able to visit their loved ones whenever they wanted.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored by the registered manager to ensure lessons were learnt.
- The registered manager and provider were quick to respond to any concerns raised and feedback given.

For example, they made changes to the mealtime to ensure the experience for people was positive and enjoyable.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

- The registered manager and the staff understood their roles and responsibilities.
- The registered manager told us they had good support from the provider.
- Audits were carried out and actions were identified to drive improvement within the service.
- There were contingency plans in place which were detailed and included information about how to ensure provision of people's care in emergency situations.
- Statutory notifications about accidents, incidents and safeguarding concerns were sent to the CQC as required.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were systems in place to ensure the service sought the views of people through regular reviews, meetings and surveys. People told us they attended regular residents' meetings, 1 person said, "All issues are addressed and resolved where possible." Another person said, "They [the manager] contact the right people and make things happen."
- The management team demonstrated an open and transparent leadership style. They provided visible direction and a person-centred approach to their staff team.
- The registered manager promoted a positive, open culture, where staff upheld the same values. Staff spoke highly about the registered manager. They told us they worked well as a team, were well supported and valued.
- People and relatives spoke positively about the service and the care and support their loved ones received. Everyone told us that they could contact the service if there were any concerns and would receive a response. 1 person said, "The manager is always available and will listen if we have concerns-never too busy."

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 provider and registered manager understood the duty of candour and their legal responsibilities to inform people and agencies when concerns are raised or when something has gone wrong.
- The registered manager was open and honest with the inspection team and took immediate action when

minor issues were highlighted during the inspection.

- The registered manager and the provider used the quality assurance arrangements in place to identify areas for improvement.
- The registered manager shared good practice guidance with their staff team to ensure continuous improvement and achieve good outcome for people using the service.

Working in partnership with others

- The provider engaged with healthcare professionals. We found that advice was sought when people's needs changed.