

Eastwood Lodge Limited

# Eastwood Lodge

## Inspection report

49 Eastwood Lodge  
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Ilford  
Essex  
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Tel: 02085992983

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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

Eastwood Lodge is a residential care home providing personal and nursing care to older people. The service was registered to provide support to up to 22 people and there were 21 people using the service at the time of our inspection.

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

The provider had safeguarding policies and procedures in place. Staff had received training about how to safeguard people and knew how to report any potential abuse. Any potential risks to people were assessed to ensure their safety. 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. There was a system to record when accidents or incidents happened. People's medicines were safely managed. Enough staff worked at the service to meet the needs of the people. The provider had safe recruitment and selection processes in place. There were systems in place regarding the prevention and control of infection.

The provider operated an open and inclusive culture where people, relatives, staff and other professionals were encouraged to help improve the service provided to people. They sought feedback from people who used the service and their relatives about the service. Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. The management team worked closely with external organisations to ensure people needs were met.

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 under the previous provider was Good, published 15 December 2017.

### Why we inspected

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

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.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastwood Lodge on our website at [www.cqc.org.uk](http://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.

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by 1 inspector.

#### Service and service type

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

#### Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the provider was actively recruiting for a manager. There was a manager in post, until a new manager was recruited. The provider also visited the service daily and provided managerial support as required.

#### Notice of inspection

We gave the service an hour notice of the inspection. This was because we needed to be sure that the peripatetic manager or the provider would be in to support the inspection.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During our inspection

We spoke with 2 people who used the service, the manager, the deputy manager, 2 staff and the provider. We looked at 3 people's care plans and risk assessments, 3 staff recruitment files, medicines administration records, staff training, health and safety audits and records relating to the running of the service.

We were not able to get the views of some people who used the service due to their needs. 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. Following the inspection, we continued to seek clarification from the provider to validate evidence found. We spoke with 5 relatives to obtain their views 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's safety was promoted by staff who had been trained to recognise and respond effectively to the risk of abuse.
- People and their relatives told us the service was safe and they did not have any concerns. One person told us, "I am safe here." A relative said, "[Family member] is definitely safe there (at the service)."
- Staff had received training in safeguarding adults and had a good understanding of how to report any concerns they might have. One member of staff said, "I would report any abuse to the manager."
- Information on how to raise concerns was displayed in the service. Safeguarding was discussed during staff meetings and supervision meetings.
- The service had a whistleblowing policy and procedure in place. Whistleblowing is where a member of staff raises a concern about the organisation. Staff knew when to take their concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively.

Assessing risk, safety monitoring and management

- There were systems in place to assess and manage risks to people to keep them as safe as possible.
- Where people were identified as being at risk, appropriate measures were put in place. For example, a person had a risk assessment for falls.
- Staff knew the risks associated with people and provided them with appropriate support. When there were changes in people's needs, the risk assessments were reviewed accordingly.
- The service had a system to ensure all equipment was maintained and serviced. We saw a regular programme of safety checks was carried out. For example, there were weekly fire safety checks and the hot water temperatures were monitored to prevent people from scalding.

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).

- The management team and staff monitored people's mental capacity to ensure that they were able to make appropriate decisions and where needed, supported them to do so.

- Staff had received training on applying the MCA. Care records contained information about people's capacity and what support they required.

### Staffing and recruitment

- There were sufficient numbers of staff working at the service to meet people's needs.
- Relatives told us there were enough staff to support people who used the service. One relative said, "There are always plenty of staff around when I visit." One member of staff said, "We have enough staff working in the home." If people had an appointment outside of the service, the manager would have an extra member of staff on shift to accompany them.
- We looked at the staffing rota for the past 4 weeks and found sufficient numbers of staff available to support people in line with their care needs.
- The provider did not use any agency staff. This helped to ensure people received consistent care from staff who knew them well.
- People were protected by appropriate recruitment processes. The provider had an effective recruitment procedure to ensure that employees were of good character and had the qualifications, skills and experience to support people who used the service.
- We saw checks had been undertaken before new staff started working for the service. Checks included staff's previous employment history, proof of identity, written references and criminal records checks. This helped to ensure people were not exposed to staff who had been barred from working with people in need of support. The provider also carried out checks to ensure that staff could work lawfully in the country.

### Using medicines safely

- There were processes in place to ensure the safe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medicines.
- People told us they were happy with the way staff administered their medicines to them. One person told us, "The staff help me with my medicines."
- Medicine administration record (MAR) charts were completed correctly. We found people received the medicines prescribed to them at the right time, for example, where medicines had to be administered 30 to 60 minutes before a meal.
- People who required medicines had an individual medicine administration record chart (MAR chart) profile which clearly stated the person's name, their photograph, date of birth and allergy status.
- Where medicines were prescribed to be given 'when required', there were protocols in place to explain when these medicines should be given.
- There were regular medicines reviews carried out by the GPs. On the day of our inspection, the GP was reviewing a person's medicines, as the person wanted to take their medicines at a different time to the prescribed time.

### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.



- Staff were trained in infection prevention and control. They understood their roles and responsibilities in this area to ensure people they remained safe. They were provided with personal protective equipment (PPE), such as gloves and aprons.
- People were supported to maintain contact and have visits from relatives and friends. The provider followed current guidance in relation to infection control procedures for visitors.
- Relatives commented the service was always clean when they visited.

#### Learning lessons when things go wrong

- The provider had systems for recording incidents or accidents so any patterns or trends could be identified, lessons could be learned, and action taken to reduce the risk of reoccurrence. This helped to ensure people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events.
- There was always a member of the management team available for advice to staff in case of any emergencies.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives did not raise any concerns with us. They told us the service was good and were happy with the management team. One person told us, "It is a good place." One relative told us, "I am very happy with the care home, the staff are very kind and caring."
- People and their relatives commented positively about the management team. A person told us, "The manager is good." A relative said, "[Deputy manager] is always very helpful."
- Staff told us the management team was very approachable and they felt supported in their roles. A member of staff told us, "The manager and the deputy are very supportive."

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

- The manager was aware of when the CQC should be made aware of events, which the registered provider is required to send to us by law.
- The management team operated an 'open door' policy and they encouraged people, relatives and staff to speak with them at any time. A relative told us, "I am able to talk to the manager if I have anything to discuss."
- Staff knew who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met. They had access to policies and procedures for the service to guide them in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were respected and were not discriminated because of their abilities, lifestyle and beliefs. Staff had received training in equality and diversity.
- Relatives told us they were kept informed of what was going on in the service. They were also kept informed of any changes in their family member's health.
- There were meetings held for staff on a monthly basis. During these meetings, staff were able to share ideas and were kept informed of any changes occurring at the service.
- Meetings were also held with people who used the service, and this gave them an opportunity to discuss anything they would like to.

### Continuous learning and improving care

- There were a range of audits carried out to ensure the service was run well and to identify where improvements were needed. These included audits of care plans, medicines administration records, health and safety checks, fire safety and staff training.
- The provider welcomed suggestions on how they could develop the service and ensured improvements were made when identified.
- The management team also had conversations with people and relatives on a regular basis where they were given opportunities to discuss the quality of care provided.

### Working in partnership with others

- People had access to healthcare services and received ongoing healthcare support.
- The management team worked closely with external organisations to ensure people needs were met.
- Staff monitored people's health and welfare and made referrals to health care professionals where appropriate.
- Any advice received from healthcare professionals was recorded. This helped to ensure staff had the information to meet the changing needs of people who used the service.
- The management team kept themselves up to date with best practice as far as health and social care was concerned. They attended meetings run by the local authorities to keep themselves up to date with best practice and legislation.