

Pilgrims' Friend Society

Ernest Luff Homes

Inspection report

2-4 Luff Way
Garden Way
Walton On The Naze
Essex
CO14 8SW

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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:

Ernest Luff is a residential care home providing accommodation and personal care to people who were predominantly aged 65 and over. The service specialises in providing care for older people, some of whom were living with dementia. The service is a purpose-built care home providing private rooms and communal space and gardens for people. The service can support up to 28 people. At the time of this inspection there were 25 people using the service.

People's experience of using this service:

People who lived at the home, relatives, staff and healthcare professionals told us Ernest Luff had a homely atmosphere and a strong emphasis on the importance of family and community connections.

There was a positive atmosphere within the service. People and their relatives were enabled to be involved in the care and staff were motivated in ensuring people were treated as individuals and had an enjoyable life.

Risks associated with people's care and support had been appropriately assessed and managed. People told us they felt safe living at the service and with the staff team who supported them. The staff team were aware of their responsibilities for keeping people safe and had received the relevant safeguarding training.

Medicines were stored, administered and disposed of safely. Staff followed the providers policies in reducing the risk of cross infections and regular checks were undertaken to make sure people lived in a clean environment.

Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People's privacy and dignity were respected by staff who worked to a set of values around providing care centred on each person. People were supported and encouraged to be as independent as possible in all aspects of their lives.

People told us staff concentrated on what was most important to them and made sure they received the care they needed and preferred. People were supported to take part in a programme of planned and spontaneous activities which they found interesting and fulfilling.

The staff team including the chef supported people to eat and drink enough which helped people to remain well. Staff anticipated people's care needs and responded to people swiftly, respectfully and with warmth.

People were valued for who they were and supported with compassionate care at the end of their lives in ways they preferred.

Staff felt a strong sense of ownership and pride in the service and felt well supported by the management

team. There were enough staff to meet people's care and support needs. Staff had been recruited safely and many of the staff team had worked at the home for several years which was valued by people living there.

Plans of care had been developed and reviewed with people and their relatives, and the staff team knew people they were supporting well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The registered manager was a positive role model and together with their staff team they had a passion to learn about and aim for best practice with people at the heart of their care. People who lived at the service and all staff were actively encouraged to contribute to the evaluation of the care provided and recommendations of where they could aim higher to drive through improvements. Regular quality audits and checks were completed so improvements were continually recognised and there was effective follow up action which made sure people received a good-quality service.

Rating at last inspection: Good (Inspection report published in January 2017)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 ●

Ernest Luff Homes

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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 [older people and those who have a dementia related condition].

Service and service type

Ernest Luff is a care home which is registered to provide accommodation and personal care for up to 28 older people. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced and took place on 3rd July 2019

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. The registered manager completed a Provider Information Return. Providers are required to send us 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 our inspection visit, we spoke with three people using the service, six staff and the registered

manager. No relatives visited the service on the day of inspection but had contributed comments to the service quality monitoring questionnaires. We observed the support provided throughout the service. We looked at records in relation to people who used the service including four care plans and medication records. We looked at four records relating to recruitment, training and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to ensure people were safeguarded from the risk of abuse and staff were aware of their responsibilities to report concerns.
- People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "I feel very very safe here – I've never felt unsafe."
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.
- Where people had raised concerns, the registered manager was aware of these. Action had been taken to reduce the risk of any reoccurrence.
- The registered manager completed the necessary referrals to the local authority and notifications to the CQC when required.

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained to ensure that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines.
- These assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. One person told us, "I have to use the hoist, and the staff are very careful with me – I don't think I'll ever like it, but the carers are very kind and gentle, and we do have a laugh sometimes."
- Accidents and incidents were recorded and analysed to highlight if there were any themes or trends, so action could be taken to reduce the risk of any reoccurrence.

Staffing and recruitment

- Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told that bank staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- Feedback from people and staff was they felt the service had enough staff and our own observations

supported this. One person told us, "I never have to wait long for my buzzer to be answered."

- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Using medicines safely

- Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate.
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.
- Nobody we spoke with expressed any concerns around their medicines. One person told us about their medicines and said, "I always get my tablets at the right time. The staff watch me take them."

Preventing and controlling infection

- Processes were in place for the prevention and control of infection. The environment was visibly clean, and we observed staff completing routine cleaning thoroughly. Schedules were in place to ensure all required cleaning tasks were completed regularly. The service and its equipment were clean and well maintained.
- There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
- Staff were aware of the precautions necessary to prevent the spread of infection to others. Personal protective clothing and equipment (PPE) were readily available and we observed staff using it appropriately.
- On the day of inspection, we were notified that two people had developed a gastroenteritis bug. Appropriate isolation measures were in place relevant personnel such as the infection control teams had been notified.
- The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

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

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

- The registered manager undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Documentation confirmed people and their relatives were involved, where possible, in the formation of an initial care plan.
- Staff had access to a range of national and local guidance to ensure care was delivered in line with best practice recommendations. Each person's care records contained information about any long-term health conditions the person had and how this affected them.
- Visiting professionals told us staff followed their advice and the recommendations of other professionals.

Staff support: induction, training, skills and experience

- Staff a clear understanding of their role and what was expected of them
- Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism.
- Staff also received training specific to the needs of the people they support. For example, the registered manager had arranged for staff to receive training that related specifically to people living with dementia and likened each stage to a gemstone, in order to give staff a practical and more thorough understanding of the condition. One staff member told us, "The Gems training was brilliant – I'm much more connected with residents now that I've learned about Gems."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- Staff had a good understanding of equality and diversity, which was reinforced through training.

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

- People were provided with a varied and balanced diet that was freshly prepared on the premises. The staff had a good understanding of people's individual preferences. Choices were offered for each meal and alternatives were available if people preferred another option.
- There was a varied menu, specialist diets were catered for and people were complimentary about the

meals served. One person told us, "The food is not bad here, and if you don't fancy anything, they don't force you to eat. I mean, some days, I just fancy a cheese sandwich, and they get you one – they try very hard here to please."

- The registered manager told us that any specialist or culturally appropriate diets would be available should they be needed or requested.
- Staff monitored people's weight and told us they involved other professionals, such as a dietitian or speech and language therapist, when they identified a concern with a person's eating or drinking.
- Staff provided people with good support to ensure they ate and drank enough, and it was nutritionally balanced.

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access healthcare services and receive ongoing healthcare support. People had access to a range of general and specialist care professionals to ensure they received consistent care.
- Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers.
- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals.

Supporting people to live healthier lives, access healthcare services and support

- People told us they received effective care and their individual needs were met. One person told us, "The staff are kind and never rush you. "The staff are very friendly, and they are good at what they do. They are easy to talk with."
- Access was also provided to more specialist services, such as opticians and podiatrists if required.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.
- A visiting healthcare professional told us, "They do follow our advice. I have no concerns, they are doing what they are asked and are always receptive to requests."

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

- The design and décor of the building met people's needs. There was clear signage for the communal areas and bathroom facilities.
- The communal areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them.
- People's individual needs around their mobility were met by the adaptation of the premises. Hand rails were fitted throughout the service and other parts of the service were accessible via lifts. There were adapted bathrooms and toilets.

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 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 with appropriate legal authority. 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, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.

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

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 were attended to in a timely manner and were supported with kindness and compassion.
- People's diverse needs were respected, and care plans identified people's cultural and spiritual needs.
- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people.
- Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted.
- One person told us, "They always speak nicely to us, and check whether we're alright." Another person told us, "They [staff] always give a little knock before they come in my room."
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors were able to come to the service at any reasonable time and could stay as long as they wanted. There were however restrictions on visitors on the day of our inspection following advice from the infection control team.
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

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

- People were involved in their care. Care plans evidenced they had been written in consultation with the person and their representative, where appropriate.
- Staff provided people with choice and control in the way their care was delivered.
- Staff gained people's permission before supporting them. We heard staff ask people what they wanted to do, they were given options to choose from to make the decision easier.
- Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time.
- People were empowered to make their own decisions. People told us they were free to do what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day.
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible.

- We saw that some people, if they could would go out of the service independently and care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair.
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner.
- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. A member of staff told us, "Everyone is treated equally".
- The service also had specific members of staff who were dedicated 'champions' for things such as dignity and the Gems initiative by Teepa Snow. (A programme that identified people living with dementia as precious gemstones and therefore precious and unique, and encouraged a cohesive care partnership.) which had recently been introduced to the service.
- The registered manager worked alongside staff to observe working practices to ensure the support provided was caring, respectful, discreet and promoted individual choice and independence.
- Staff were encouraged to continually reflect on how they supported an individual and if they could do anything better or use a different approach next time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which was responsive to their needs. People told us that the service responded well to their care and recreational needs.
- Care plans were in place which documented people's life histories, likes and dislikes and how they liked their care to be provided.
- People told us they could choose how they wished to spend their day and staff respected their wishes.
- People's social needs were met. An activities coordinator was employed, and activities were organised which were based upon people's needs and preferences.
- We saw a further varied range of activities on offer which included, visiting animals such as dogs, and pygmy goats. devotional mornings with guest speakers, music, arts and crafts, exercise, gardening and visits from external entertainers. The service also benefited from a dementia choir which had been set up recently and the registered manager told us, "The residents love being part of it."
- The registered manager explained the Living Gems programme and told us that people were likened to a precious gemstone dependent on the stage of dementia they were currently living with. For example, one person was identified as a ruby (Deep and strong in colour) as their fine motor skills had become limited and they had to remember to move and do simple things with their hands. To encourage this a basket of things to fiddle with and handle had been put together to help this person, as they would benefit from rhythmic movements and actions. Additionally, staff were employed as 'humming birds' to spend time in short bursts with people specifically relating to these activities.
- Peoples hobbies and activities that created enjoyment for them were encouraged. For example, one person had been a seamstress and their memory box was filled with relevant items such as buttons and a tape measure. The registered manager also told us they were looking into getting a magic table and making a sensory room for people.
- The service was fully compliant with The Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People's individual communication needs were identified. Staff were receptive to non-verbal signs and identified people with more complex means of communicating. We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these.
- Guidance included identifying actions on how to respond, was available to staff to meet the person's need. Staff were instructed to ensure they know how each person communicated.
- People had the opportunity to access their local community and attend events they enjoyed and to socialise. Representatives of churches visited, so that people could observe their faith
- When people's needs changed, the registered manager contacted relevant professionals to re-assess the person for example to provide specialist equipment and services to meet their increased need.

- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.
- We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans.

Improving care quality in response to complaints or concerns

- There was a system in place to manage complaints. The provider had a policy for the management of complaints and key information was available for people who used the service.
- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
- The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required. One person told us, "If I had a complaint I would tell the manager."
- Information about complaints was recorded together with the actions taken to resolve the concerns people had raised.

End of life care and support

- People's end of life care was discussed and planned, and their wishes were respected if they had refused to discuss this.
- People could remain at the service and were supported until the end of their lives.
- Observations and documentation showed that peoples' wishes, about their end of life care, had been respected.
- Staff received training in end of life care and told us how they supported people at the end of their life to ensure they remained comfortable. They worked closely with other professionals to ensure people's needs and wishes were met.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had good oversight of the service, and staff showed a commitment to providing high standards of care and continuously improving the service provided.
- Up to date specific care information was made available for staff including details of managing care tasks, such as catheter care, pressure area care, falls and nutrition to ensure they understood and had knowledge of people's needs.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Audits and checks were carried out to monitor the quality of the service. Action was taken if any shortfalls were identified.

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

- There was a clear management structure in place. The service had a manager registered with the Care Quality Commission. 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.
- We received positive feedback in relation to how the service was run, and our own observation supported this. One staff member said, "I've been at the home for 23 years, and have seen 4 managers, and the current manager is the best. She is easy to talk to and is very honest with her dealings – you can take anything to her, and she deals with things very quickly."
- Staff felt valued and enjoyed working at the service. Care was well organised, and people were clear about their individual roles and responsibilities. Staff worked together well as a team and all the staff said they helped each other out when needed.

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

- Meetings were held with staff and staff were given the opportunity to fully discuss issues and give their views.
- People and staff were actively involved in developing the service. For example people were consulted on

the re-decoration of the communal areas and their bedrooms.

- Systems were in place to ensure people, relatives and staff were engaged and involved in the service.
- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. The service actively sought feedback from people and their relatives. We saw thank you cards and letters and relatives we spoke with gave very positive feedback about the service.
- There was a suggestions box, meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided. Furthermore, the registered manager produced information to inform people of activities and changes within the service.

Continuous learning and improving care

- Supervision sessions and staff meetings also helped to ensure staff were aware of how to provide good quality care. Staff told us any issues or problems were dealt with quickly by the manager.
- The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. Staff told us any issues or problems were dealt with quickly by the registered manager. One staff member said, "The manager is very effective – and she picks people up if she needs to and has a word. She's very supportive, but wants things done correctly."
- There was also a clear written set of values that staff were aware of, displayed in the service, so that people would know what to expect from the care delivered.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Working in partnership with others

- The service liaised with organisations within the local community. For example, with the Local Authority to share information and learning around local issues and best practice in care delivery. For example, the falls prevention team and the infection control team.
- The service worked with the local authority and health and social care professionals to make sure people received joined up care. We saw where referrals were needed for specialist advice this was done in a timely manner to support people remain well. Their good working relationship meant they could liaise with specialist nurses regularly which provided good outcomes for people's health and treatment.