South Coast Nursing Homes Limited

Eastridge Manor EMI Nursing and Residential Home

Inspection report

Wineham Lane
Bolney
Haywards Heath
West Sussex
RH17 5SD

Tel: 01444881768

Date of inspection visit:
12 June 2018

Date of publication:
04 October 2018

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Eastridge Manor is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is situated in a rural area of West Sussex near Haywards Heath.

Eastridge Manor is registered to provide nursing care, personal care and accommodation for up to 53 older people living with dementia. At the time of the inspection there were 52 people living at the home, who were living with various nursing needs, including poor mobility, diabetes, those living with various stages of dementia and end of life care.

Eastridge Manor is a large detached property, consisting of a main house and purpose-built nursing wing in extensive grounds. Accommodation is provided over two floors, with passenger lifts providing access between floors.

At the last inspection on 1 September 2015, we rated the service as Good. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This report reflects the comprehensive inspection that took place on 12 June 2018 which was unannounced.

People did not always receive personalised care that was responsive to their needs. People's experiences at meal time varied where engagement and support was not always person centred and positive. This was identified as an area of practice that needed to improve.

People did receive personalised care in other areas that was responsive to their needs, such as support with dementia and mental health needs,

People and their relatives spoke highly of the staff and said they felt safe living at the home. Risks to people were identified, assessed and managed. Staff understood their responsibilities to keep people safe. People received their medicines safely and there were effective infection prevention and control measures in place.

Staff demonstrated that they could recognise the signs of abuse and what action to take to keep people safe. The provider had safe recruitment practices in place to ensure that appropriate and suitable staff were employed to meet people's needs. Staff felt supported by the management of the service through supervisions and appraisals. Staff were also provided with appropriate training that met the needs of the people at Eastridge Manor.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. People's healthcare needs were met effectively and staff ensured that they worked in partnership with other healthcare professionals to support this.

People were supported to have enough to eat and drink and spoke positively of the food on offer. One person told us, "The food is always so nice here, you only have to ask and they get you what you want".

People were treated with kindness and respect. Staff demonstrated that they knew people well and positive relationships had developed. One family member told us, "I've never seen any carer approach any resident with anything but kindness".

People and their relatives had been involved in shaping their care and care plans were comprehensive. Staff had the information they needed to provide care in a personalised way. Staff recognised and responded to changes in people's needs, especially those people with dementia. People were supported to follow their individual interests as well as having organised activities.

Staff understood their responsibilities with regard to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People knew how to complain and were confident that their concerns would be responded to. People and their relatives spoke highly of the management of the service. Staff found the registered manager to be open, transparent and approachable.

The provider had robust systems and processes in place to monitor and evaluate the care provided. Clear governance arrangements were in place, with good management oversight to identify shortfalls and drive improvements. Staff had developed positive connections with local organisations and described effective working relationships.

Further information is in the detailed findings below.

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 remained safe	**Good**
Is the service effective? The service remained effective	**Good**
Is the service caring? The service remained caring	**Good**
Is the service responsive? The service was not always responsive People did not always receive personalised care that was responsive to their needs. People's concerns and complaints were listened to and used to improve the quality of care. People were supported to receive comfortable and compassionate end of life care.	**Requires Improvement**
Is the service well-led? The service remained well-led	**Good**

Eastridge Manor EMI Nursing and Residential Home

Detailed findings

Background to this 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 was planned to check 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.

This comprehensive inspection took place on 12 June 2018 and was unannounced. The inspection team consisted of two inspectors and an inspection manager.

Before the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

People used various methods of communicating, so we spent time observing people in areas throughout the service to see interactions between people and staff. 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. During the inspection, we spoke with eight people and three relatives. We spoke with nine members of staff, that included care staff, the registered manager, registered nurses, the chef, and activities

coordinator.

We reviewed a range of records about people's care and how the service was managed. These included the care records for eight people, medicine administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected on the 1 September 2015 and was awarded the rating of Good. At this inspection the service remains Good.

Good

Is the service safe?

Our findings

People told us they continued to feel safe living at Eastridge Manor. One person told us, "I feel very safe here". One relative informed us that they "never had any concerns" about their family member, and that they were "always confident that he is safe". Staff had received training and demonstrated that they understood their responsibilities with regard to safeguarding people.

Risks to people had been identified and assessed. There were comprehensive plans in place to guide staff in how to provide care safely. People were living with a range of needs and conditions and risk assessments reflected the complexity of people's needs. For example, the moving and handling risk assessment for one person with acute visual difficulties indicated that staff should inform the person of the tasks being performed to avoid any distress. Risks to people's mobility and management of falls was effective in ensuring that they remain safe. The provider undertook regular audits of falls activity that detailed what actions were taken following incidents, investigations into the causes and detailed action plans to prevent future occurrences. The provider analysed trends in order to learn and implement improvements in practice, such as ensuring increased staff presence in areas of the service where falls had been prominent.

Risk assessments were undertaken that determined the extent of the individual risk, when risks may happen and what actions should be taken to reduce risk. Risks to people's skin integrity had been assessed using this method and considered factors such as people's mobility, nutritional input and mitigating health issues. These assessments allowed staff to mitigate risks in areas such as correct postural positioning when in bed, and air mattress settings that supported pressure area care. Risks to people's skin integrity were further ensured with additional monitoring by staff according to level of risk. Staff demonstrated knowledge of these risks and the actions needed to continue to provide safe support.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. Personal Emergency Evacuation Plans (PEEPs) were in place for each person, detailing the support they would need in the event of an emergency. Staff undertook fire response training and we saw evidence of regular fire drills that had been carried out successfully.

People told us that there were enough staff on duty and records confirmed that staffing levels were consistently maintained. One staff member told us that, "team work is strong and we all work together when needed." During the inspection we observed that staff were responding to people's needs in a timely manner. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. The registered manager used a dependency tool to ensure that the service had sufficient staff to meet people's needs. A dependency tool is a method to calculate staffing requirements based on the number of hours people require to undertake their support. The registered manager told us that they will also look at adjusting shift timings to ensure support is provided at critical times.

People continued to receive medicines in a safe and timely manner. Medicines were secured in lockable

trolleys within secure medicine rooms. The trolleys were secured to the wall during medication rounds for additional safety and security. The registered nurses and senior care workers had access to the medicine trolleys and were responsible for administering medicines to people. Staff were trained to administer medicines and recording was consistent and accurate. Medicine policies were available for reference within the medicine record books, while staff had access to medicine lists that detailed what they were used for and their side effects. Protocols for the administration of auditing systems were in place to ensure that the system for medicine administration worked effectively and any issues could be identified and addressed. A registered nurse and senior carer would ensure that medicines were checked in correctly while a nurse would audit each person's administration record at the end of each day. Some people were receiving their medicines covertly (that is without their knowledge). Records showed that the decisions to administer medicines covertly had been taken in line with the Mental Capacity Act 2005.

Staff continued to have a firm understanding of infection control procedures. They were observed to be using appropriate protective equipment when handling food and supporting people to eat. A cleaner was observed using red laundry backs for removing soiled linen from bedrooms, ensuring strict infection control procedures. Records confirmed that a regular cleaning regime was in place. Each person in the service had individual slide sheets in their rooms to minimise cross infection. Throughout the inspection we observed good infection control practices by staff, while the service was clean throughout.

The provider ensured that people's safety was consistently maintained following incidents and accidents that had occurred. Incidents were recorded appropriately as were subsequent actions and measures to prevent reoccurrences. We saw that care plans had been updated when required while details were shared amongst staff within handover meetings.

Good

Is the service effective?

Our findings

People's needs and preferences were assessed in a holistic way and comprehensive care plans were developed based upon these assessments. People and their relatives told us that they had an assessment undertaken before they came to the service and that their care and treatment was delivered according to their agreed care plans. People's needs were assessed in areas such as nutrition, oral care, and mobility, while religious and cultural preferences were obtained to ensure that people received holistic assessments.

Staff were supported to access training that was relevant for their roles. Staff told us that they found the training was informative and spoke positively about the impact of this training. One staff member told us that Falls prevention training "opened my eyes" to the wider environmental risks associated with falls. One staff member told us that the medication training, "made me think about it more". Staff can complete the Medication Administration Module, an advanced learning program where competencies of staff are regularly checked.

New staff were supported and assessed during an initial 12-week period during which they worked closely with registered nurses and senior care workers. A recently recruited staff member informed us that they had received a thorough induction that included training specific to their role, as well as being paired with an experienced member of staff.

Staff told us they felt supported in their roles. Supervision is a mechanism for supporting and managing workers, which can be formal or informal. Supervisions usually involve meetings where training and support needs are identified and staff's progress is discussed. It can also be an opportunity to raise any concerns and discuss practice issues. Records confirmed that staff were receiving regular supervision.

People were supported to eat and drink enough to maintain a balanced diet. The provider and kitchen staff planned the menus based on people's nutritional needs and preferences. People could make their food selections on the previous day and alternatives were provided if the main meal choices were not preferred. The chef informed us that they obtained feedback directly from people as their meals are served so that preferences can be fed back directly to the executive chef who designs the meals for the home. Kitchen staff were informed of people's special culinary requirements. These instructions were held in the kitchen area and included information for people who required a pureed soft diet as well as information on allergies to specific foods. We observed people receiving soft diets in accordance to the guidance in their care plans. We observed the provision of additional fluids within people's rooms to ensure adequate hydration.

Staff described effective working relationships within the service and with external health care professionals. Staff told us that detailed information is communicated and contributed to during handover meetings, allowing staff to deliver effective care and support. One staff member told us that any changes in people's care were communicated to them and that the meetings were, "a useful process". Another staff member told us that "we can add information about people" in handover meetings, allowing staff to have up-to-date information about people's support each day.

People and their relatives told us that staff were observant and sought advice from health care professionals when needed. One family member told us that the service had, "a good understanding of clinical needs" and were effective in ensuring their relatives received ongoing healthcare support. The service employed a welfare manager who was responsible for identifying specialist healthcare requirements for people on their admission to the service and then co-ordinating ongoing healthcare support. People received support from specialised healthcare professionals such as audiologists, mental health specialists, and opticians. People received weekly on-site support from the local GP. People had the support they required from the falls prevention team as well as external advisors on continence management.

The property was decorated to a very good standard and furnished appropriately throughout. The design and layout of the service was found to be effective in meeting the needs of people who lived there. Throughout the service adaptations and equipment were in use to support people's diverse needs and promote their independence. Bedrooms, hallways and access areas had sufficient space to accommodate the use of moving and handling equipment such as hoists and wheelchairs. People's individual mobility needs had been considered with the design of bedrooms with access to tracking hoists and wet rooms. Hand rails had been installed throughout the service to support people to mobilise more independently. We observed people enjoying being able to walk around the service freely and safety.

Some people were living with dementia and this had been considered when decorating some areas of the service. Areas of the property, and predominantly the first floor and lounge, were decorated and furnished to promote reminiscence. The lounge had been designed with a retrospective theme and was decorated to stimulate memories and reflections for people. The external grounds of the service were accessible and well maintained, and had been paved to allow people of all mobilities and needs to safely mobilise, with or without the support of staff.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. These safeguards will have been authorised by the local authority to ensure that the person has been protected from harm.

The registered manager understood when DoLS applications should be made and evidence was seen that these had been completed where applicable. DoLS applications included details of the rationale behind specific restrictive practices and why they were in a person's best interest. The registered manager understood fully however the importance behind best interest decisions and the need to ensure that these decisions should be recorded accordingly. Staff demonstrated a good working knowledge of the issues around capacity and decision making. Staff informed us that people should be supported to make their own decisions as much as possible. We observed staff using their knowledge of people's preferences and communication methods to ensure this best practice was applied.

Good

Is the service caring?

Our findings

People and their relatives told us that they remained happy with the care provided at Eastridge Manor. One person told us, "Its wonderful here. The staff are very caring". One relative told us that "staff are very patient" and are "really good in key areas".

Throughout the inspection we observed staff interacting with people in a kind and gentle way. Staff knew people well, called them by their preferred name and took time checking they were comfortable and happy. We observed one person reaching out for support with their hand and staff responded quickly by holding it and walking with the person in time with the music being played. The person's body language and expressions indicated that they were enjoying this interaction.

We observed people being given emotional support when they required it. We observed one person with dementia, who was anxious and upset, receiving close one to one support that matched the de-escalation techniques and care guidance within their care plan. One relative told us that staff were compassionate and caring when supporting their family member who had dementia. We were told that staff managed the person's desire to be supported within a solitary setting well, away from crowded areas. She informed us that they respected her husband by, "talking to him normally and avoiding stereotypical care speak".

We carried out observations of the lunchtime service to people. We observed some caring interactions between people and staff. Staff took time to explain to people what they were doing, for example putting aprons on to support people's dignity, staff informing people what food they were having as it was presented to them and proving caring reassurance to encourage people to eat. One staff member quickly responded to one person saying "I'll help you. Would you like me to help you?".

Staff supported people to express their views. Some people had communication needs and staff used a range of techniques to support people to communicate. People had dementia care plans to guide staff in how to support people. They detailed how to communicate with individuals in a manner that both supported them emotionally and to be able to obtain their wishes. Another person had dementia and some sensory loss. The anxiety and confusion that this brought made it increasingly more difficult for them to express their views. The care plan was detailed on how to support them emotionally in order to maximise their communication. We observed this successfully being practiced with the person.

People were supported by staff to express their views and to make decisions about their own care. Resident meetings were held regularly that allowed people to raise any concerns or make suggestions on how staff could provide them with improved support.

People's privacy was respected and staff understood the importance of maintaining people's dignity. For example, when people were supported to move with the use of equipment, staff ensured that people's dignity was maintained. We observed the transfer of one person from their wheelchair to their dining room chair. Staff offered kind encouragement and gentle guidance to ensure their dignity as well as complying with the moving and handling guidance in their care plan.

The registered manager told us that respecting people's choice and confidentiality was highly promoted with staff. Staff were actively encouraged to gain consent to undertake tasks and to explain to people what they were doing for that person.

Requires Improvement

Is the service responsive?

Our findings

Observations during the lunchtime period and afternoon showed that people did not always receive personalised care that was responsive to their needs. We observed people having to be moved around the dining area to accommodate others who wished to sit down. When one person requested help, they were asked to wait while they assisted another person. We observed others having to wait some time to be supported. Another person asked for help after leaning across a table stating they couldn't see and required support. We also observed one person who experienced only one positive interaction over the period of an hour. There were numerous missed engagement opportunities from staff, while the person raised an empty cup to his lips on twenty occasions, indicating that they wished to have staff support to get them a drink. We observed one interaction where one person was unhappy with the food they had on their plate after asking for food to be removed and had one item that they didn't like. People's differing experiences at meal time and during an afternoon activity was highlighted during the inspection to the registered manager. They immediately started to initiate actions to improve the meal time experiences and engagement for a person. The Registered manager spoke of their intention to review the meal time arrangements to support are more relaxed and positive experience. This is an area that needs improvement.

People did receive personalised care in other areas that was responsive to their needs. Care plans were based upon people's assessed needs and preferences. People and their relatives had been involved in developing care plans which included details of the person's diverse needs, their background, social and religious needs and preferences. One relative told us that "things are person-centred here", and that in respect to their family members individual needs, "always ask what he wants and doesn't want".

Personalised care plans that reflected people's dementia and mental health needs were seen. These detailed what behaviours staff needed to be aware of in order to successfully support people with dementia and minimise deterioration of their emotional wellbeing. They also included triggers that could affect that person's mental health. Clear guidance was provided for staff to de-escalate behaviours, provide the appropriate health support and to provide direct personalised emotional support to that person. We observed the successful de-escalation of one person who was living with dementia at lunchtime with simple one to one staff attention that reflected the guidance in their dementia care plan.

The provider was proactive in ensuring that people's emotional wellbeing was maintained during their transition into the home. One person with dementia, whose working life prior to moving to Eastridge Manor required them to always wear formal clothing, was supported by staff during their transition period to begin wearing more relaxed clothing. The impact of this approach ensured that they mitigated any negative effects, during a confusing time, on the person's mental wellbeing.

The provider demonstrated that training could be adapted to meet people's personalised care needs. As the result of one person's moving and handling needs increasing due to health changes, the provider's training department responded to deliver specific training for staff to ensure continued, safe transfers.

People were supported to follow their interests. Activities were organised daily and facilitated by two activity

co-ordinators. The activities co-ordinator told us that the service normally runs two activities simultaneously to accommodate people who appreciated quieter occupations. We observed people engaged happily with an activity discussion about cockney rhyming slang in which humour was used to good effect and people responded to positively. The activities co-ordinator demonstrated a good understanding of dementia care and was observed undertaking short bursts of activity including individually focussed activities. The co-ordinator told us, "For people who stay in their rooms, we try and ensure that we visit them and spend time with them – it's really important that we also get to know what they like". One relative told us that staff had arranged for a work based activity for their relative with dementia that both met his choice for solitary engagement as well as reflecting their previous work based employment. People told us they liked the activities that were provided. One person told us, "Oh its grand here, there always seems plenty of things to do".

The provider had a system for managing complaints. People knew how to make complaints and told us that actions were taken to address any concerns. The complaints procedure and policy were accessible for people on display boards in the service and complaints made were recorded and addressed in line with the policy. Records showed the provider was proactive and responsive to any complaints it received, while staff maintained constructive communication with complainants. The provider also used learning from complaints to improve the quality of care it subsequently delivered. This was observed through the providers reinforcement to staff of the importance of postural management and through the subsequent training that was delivered following the conclusion of a complaint the provider had dealt with.

People were supported to have end of life care that was dignified and comfortable. People's files contained end of life care plans called 'Planning Future Care' which recorded people's wishes and preferences. Plans also recorded sensitively any discussions with professionals and family members as well as the preparation of any end of life medication.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the management of the service. One relative told us, "She is very proactive, a very good manager, I have absolute confidence in her".

The service had a registered manager in post. The current manger was registered in May 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager demonstrated a clear commitment to ensuring ongoing quality care and support at the service, and to the promotion of continuous learning for staff. The registered manager had a clear understanding of the regulatory responsibilities of their role.

The registered manager and provider ensured that responsibilities were clear and that quality assurance systems and processes were in place and undertaken to deliver good outcomes for people. Regular audits in areas such as care plans and risk assessments were completed as well as essential environmental audits of the home, such as fire safety and infection control.

Staff told us that they were happy with the management of the home. One staff member told us, "The registered manager is brilliant, she is very understanding and always available to talk to". Staff we spoke to commented on how approachable and responsive the manager was. One staff member said, "You can go to the manager with any problem or situation". Staff told us that the registered manager was proactive in engaging with people and would regularly sit and have lunch in the dining room to speak with people. The registered manager told us that she received effective support from the managing director who visited the service regularly to support her and other staff.

People and their relatives told us they felt included and involved in the service and described attending and contributing to regular resident's meetings. One relative told us that they were "actively involved in reviews" for their family member. Another family member informed us that the service was "very responsive to requests and suggestions".

People were invited to fortnightly resident's meetings to ensure that they were engaged and involved in the service, and while the registered manager promoted an open-door policy for family members, relatives were offered a formal meeting each quarter to discuss any issues. Staff told us they were encouraged to be active in the development of the service and contributed positively within meetings. One staff member told us that "we are asked about developments and we can email our ideas to the registered manager".

The quality assurance systems demonstrated that the registered manager and staff were proactive in making changes and improving the care and support delivered to people. For example, quality assurance processes for the monitoring of wound care were in place to ensure that pressure area support was effective.

Information from quality assurance audits was used to inform discussions with people and their relatives about improving care. We saw evidence that wound care and moving and handling procedures were reviewed and adjusted as a result of these quality assurance systems. Quality Assurance audits were also undertaken at director level to ensure that overall compliance and care standards were being met throughout the home.

The registered manager and staff had made links with organisations and agencies. Management and staff in the service worked closely with health care professionals such as GP's dieticians, Falls team, continence advisors and the local dementia team to ensure that people were being supported to receive the correct care and treatment.