

Mr Mukesh Patel

# Eaton Lodge Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Eaton Lodge Nursing Home is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 24 people in one adapted building.

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

People told us they felt safe living at the service. Relatives told us they thought their loved ones were supported to remain as safe as possible.

Each person had a care plan, these did not consistently contain detailed information about people's choices and preferences. However, people and relatives told us that staff knew them well and they were supported in the way they preferred.

Potential risks to people's health, welfare and safety had been assessed and there was guidance in place for staff to mitigate the risks.

The provider and registered manager had improved the oversight, checks and audits completed on the quality of the service. Some recording of the outcome of audits needed further improvement but action had been taken to rectify shortfalls.

Accidents and incidents had been recorded and analysed to identify patterns and trends to reduce the risk of them happening again. The registered manager and staff understood their responsibility to keep people safe from abuse and discrimination.

There were enough staff, who had been recruited safely to meet people's needs. Staff received training, supervision and appraisal to develop their skills.

Medicines were managed safely. Staff monitored people's health and referred people to relevant healthcare professionals when required. Staff followed health professional advice to keep people as healthy as possible.

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.

People met with the registered manager before they moved into the service to check that staff would be able to meet their needs. People were supported to eat a balanced diet, people had a choice of meals, people's preferences and dietary needs were catered for.

People's end of life wishes were recorded. Staff worked with the GP to support people at the end of their lives. People were treated with dignity and respect and supported to be as independent as possible.

There was an open and transparent culture within the service, people and staff were asked for their views and opinions about the service and these were acted on. Complaints had investigated following the provider's policy. People received information in a way they could understand.

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 and update

The last rating for this service was requires improvement (published 29 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of one regulation. The service has been rated Requires Improvement for the last three inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always responsive.  
Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was not always well led  
Details are in our well led findings below.

Requires Improvement ●

# Eaton Lodge Nursing Home

## 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 Care Act 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Eaton 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.

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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, registered nurse and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



## 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Potential risks to people's health and welfare had been assessed and there was guidance for staff to mitigate risk. Each person had a folder in their room, this contained guidance for care staff about their daily support and health conditions.
- Some people were living with diabetes. Their folders contained information about the signs of low and high blood sugar and what action staff should take. Nurses had guidance about people's normal blood sugar readings and what action to take if they differed, in the medicine folder.
- When people required assistance to move, there was guidance in people's rooms about how to support them. This included what equipment to use and how to position slings. Staff described how they moved people and how they worked in pairs to keep people safe.
- Environmental risk assessments were in place. Checks had been completed to make sure people remained safe. When shortfalls were found, an action plan was put in place and signed off when the shortfall had been rectified.

### Staffing and recruitment

At our last inspection the provider had not ensured that recruitment procedures were effectively operated. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Checks were completed before staff started work at the service. When an issue had been identified during the recruitment process, a risk assessment had been put in place. Records showed the risk assessment had been followed to mitigate risk.
- A full employment history and references had been obtained and verified before staff started work.
- There were enough staff to meet people's needs. The registered manager had reviewed people's needs and adjusted staffing levels as required. There were now three staff on duty at night, as an increase in people's needs had been identified. During the inspection call bells were answered quickly.
- Any staffing shortfalls were covered by staff employed by the service.

#### Learning lessons when things go wrong

- Accidents, incidents and near misses had been recorded. These had been reviewed by the registered manager and action had been taken to reduce the risk of them happening again.
- When a pattern had been identified, strategies had been put in place to reduce the risk. One person had fallen regularly, strategies to reduce the risk had been put in place and the person's falls had reduced.

#### Using medicines safely

- Medicines were managed safely. People told us they received their medicines when they needed them.
- When medicine instructions were hand written, the instruction had been signed by two staff, to confirm it was correct.
- Medicine records had been completed accurately. Some people were prescribed medicines on an 'as and when' basis such as pain relief. There was guidance in place for staff about when to give the medicine, how often and what to do if the medicine was not effective.
- Nurses competency had been checked to make sure medicines were administered safely.

#### Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware of how to recognise and report any concerns they may have. They were confident the registered manager would act appropriately.
- The registered manager had discussed with the local safeguarding authority any concerns they may have. The registered manager had taken appropriate action to keep people safe.

#### Preventing and controlling infection

- The service was clean and odour free. There was enough domestic staff to maintain the cleanliness of the service.
- Staff received infection control training and used personal protective equipment, such as aprons and gloves, when required.





## 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant 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

- People met with the registered manager before moving into the service to make sure staff could meet their needs. Once someone moves into the service, a short-term care plan was put in place, based on the assessment.
- The pre-admission assessment covered all aspects of people's lives including cultural, physical and social needs. There was information about people's protected characteristics under the Equalities Act 2010.
- People's needs were assessed using recognised tools to assess skin integrity and nutritional needs. These assessments were used to help plan people's care and support and were reviewed regularly.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role including topics such as safeguarding, infection control, dementia and first aid. This training was a mixture of face to face and online. Nurses told us they attended clinical updates to keep their skills current.
- New staff completed a competency-based induction programme. They met with the registered manager regularly to discuss their progress and any extra support they may need. Staff practice was assessed regularly including their hand washing technique.
- There was now a structured approach to staff supervision. Staff received regular supervision and appraisal to discuss any concerns they may have and their development. Staff told us that they felt supported by the registered manager and were able to discuss any concerns they may have.

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

- People were supported to eat a balanced diet. People's dietary needs and preferences were met.
- People had a choice of meals. People told us, that if they did not like what was on the menu, they were able to choose something else. People had access to drinks and snacks through the day.
- When people required a pureed diet, this was provided. Staff assisted people to eat when required, giving them time to enjoy their meal. People's dietary and fluid intake was recorded to check that people were

eating and drinking enough to remain healthy.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health, including their weight and referred them to the relevant professionals when their health needs changed. Nurses managed people's wounds. Records had improved and showed wounds had been reviewed and dressings changed when required, wounds were healing.
- Staff followed health professionals' guidance, we observed people receiving fluids thickened to the prescribed consistency.
- People had access to the GP, optician, dentist and chiropodist who visited the service.
- People were supported to live as healthy lives as possible. Staff gave people advice and information about their lifestyle choices such as smoking.

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

- The building had been adapted to meet people's needs. The bathrooms had been adapted to enable people with mobility difficulties to access the bath. There was a passenger lift to the upper floors and people had access to the gardens.
- Improvements to the service were ongoing. Flooring had been replaced and the main corridor had been decorated. People had been asked for a theme for the decoration, it had been decided it should be a seaside theme. There were pictures in the communal areas of the seaside and the dining room had table coverings to match. People told us they liked the new decoration.
- The outside of the building had been improved. The concrete area in front of the building had been cracked, and a falls risk for people. This had now been repaired, a relative told us, that they now felt safer taking their relative out in their wheelchair.
- People's rooms had been personalised to reflect people's choices and preferences.

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 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 MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people had DoLS authorisations in place, there were no conditions in place. The registered manager had applied to renew the authorisations when required.
- Staff supported people to make decisions about how they spent their time and what they wanted to eat or wear. Staff knew how to support people to make decisions such as only offering two choices, closed questions or showing people pictures.

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant 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

- Staff knew people's choices and preferences and supported people with these. Staff anticipated when people needed assistance. We observed people being asked discreetly if they needed assistance such as use the bathroom.
- Relatives told us they were able to visit when they wanted, they told us that they were always made welcome. One relative told us, how the staff supported them to take their husband out to spend with their family including days at the beach.
- People had the opportunity to attend church services. People's different beliefs were supported, the registered manager contacted faith representatives when required.

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

- When people were able to, they were encouraged to express their views about their care and support. When people were not able to express their views, staff spoke with relatives to find out people's previous preferences, which would be reflected in their care.
- One person told us, how they had been involved in deciding how to manage their falls risk and how this had reduced the number of falls they had.
- Another person told us how they had been involved in deciding how to manage their smoking to keep them and others safe.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff knew how to support people to maintain their independence. People were supported to use specialist cutlery, cups and beakers to enable to eat and drink independently.
- We observed staff knocking on people's doors and waiting to be asked in. Relatives told us, staff respected their loved one's dignity.
- People's care records were kept securely, and staff understood their role to maintain people's

confidentiality.

# Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs may not always be met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to maintain accurate and contemporaneous records for each person's care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Each person had a care plan, these contain information about their needs and some of their choices and preferences. Care plans did not reflect the care that was being given.
- The care plans did not contain details about people's routines and how they liked to be supported. For example, plans stated someone needed the assistance of two people for their personal care. However, the plan did not contain information about how staff should provide the assistance.
- Care plans contained some information about people's lives before they moved into the service, but this had not been used to develop the care plan. Care plans had been reviewed regularly but had not been consistently updated to reflect any changes.

The provider had failed to maintain accurate and contemporaneous records for each person. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us that staff supported them in the way they preferred. Staff told us how they supported people meeting their choices and preferences.
- People were supported to take part in activities they enjoyed. The activities co-ordinator had developed activities around people's likes. There were picture boards around people's likes, such as the royal family, to initiate conversation. People were involved in making ceiling mobiles, a decoration that included photos of

their interests such as trains and cars.

- People were supported to maintain relationships with people important to them. Relatives told us they were able to visit whenever they wanted and were always made welcome.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a format they could understand.
- General information was available in a pictorial format.
- When required people had a communication book, which staff used so people were involved in their care.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy, this was available in the main reception and in each person's room.
- People and relatives told us they would speak to the registered manager if they had any concerns.
- When written complaints were received, these were investigated following the provider's policy. The registered manager had involved other agencies when required to help resolve any issues.

#### End of life care and support

- People were asked about their end of life wishes and when people or their family were happy to discuss this was recorded. When people were becoming frailer their future wishes were discussed with the GP.
- Nurses worked with the GP to keep people as comfortable as possible. Medicines required to support people at the end of their lives were available when needed.
- People's cultural and spiritual needs were considered when providing end of life care. One family had written, 'Thank you for all your care and consideration. We know she was comfortable and happy whilst staying with you and it also gave us a lot of peace of mind knowing she was in good hands.'



## 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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, the provider had failed to continuously monitor and improve the safety of the service provided to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of this element of regulation 17.

- The provider continued to improve their oversight of the service. They visited regularly, and they recorded the elements of the service they reviewed and people they spoke to. The registered manager sent the provider a weekly report of outcomes of their audits, action plans and updates on action taken.
- The registered manager completed audits on all aspects of the service including staff files, medicines and care plans. Action had been taken when shortfalls were found, however, the recording of this needed to be improved.
- Care plans had improved but further improvements were needed. The registered manager and provider were aware that further work was required on the care plans.
- Services are required to inform the Care Quality Commission (CQC) of important events that happen within the service. The registered manager had submitted notifications in an appropriate and timely manner in line with guidance.

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

- Staff told us how they promoted a person-centred approach to people's care and support. They discussed with people and their families about how they wanted to be supported and involved as much as possible in developing their care. Relatives told us that they had been involved in developing people's care.
- People and relatives told us that thought the service was well led and they involved people as much as possible.
- People told us they were supported in the way they preferred. They felt that their choices and preferences were respected by staff and the way they were treated.

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

- Relatives told us that following previous inspections and poor ratings they had been given the opportunity to discuss this at meetings. They told us the registered manager kept them informed of any changes and why they were being put in place.
- The registered manager had been open and honest with CQC and funding authorities when issues had been raised about people's care and support. They had worked with the person and funding authority to make sure that the person's needs were met.
- The registered manager had an 'open door' policy and knew people well. People, staff and relatives were relaxed in the registered manager's company.

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

- People, relatives and staff were asked for their opinions of the service. The results of a recent quality assurance survey had been positive. The registered manager had addressed any issues that had been raised.
- Regular resident meetings were held. People and relatives were kept up to date with any changes and topics such as activities were discussed. People had been involved in deciding how the communal areas should be decorated.
- Staff meetings were held where good practice was discussed. Staff achievements were recognised by a monthly staff award, when staff had gone above and beyond their role. The registered manager attended the handover between staff, they discussed people's needs and staff were able to make suggestions.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended local forums and received updates from national organisations to keep up to date.
- The registered manager had continued to improve their knowledge of their regulatory responsibilities and used this to improve the service.
- The service worked with other agencies such as the local clinical commissioning group to improve the quality of the service and provide joined up care.



## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	<b>The provider had failed to maintain accurate and contemporaneous records for each person.</b>
Treatment of disease, disorder or injury	