

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?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

This inspection took place on 15 and 16 February 2018 and was unannounced.

Eaton Lodge 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. Eaton Lodge accommodates 24 people in one adapted building. There were 24 people living at the service at the time of the inspection.

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

We last inspected Eaton Lodge in December 2016 when three continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We issued requirement notices relating to safe care and treatment, person centred care and good governance.

At our last inspection, the service was rated 'Requires Improvement'. We asked the provider to complete an action plan to show what they would do and by when to improve all five key questions to at least Good. The provider had not provided an action plan and there had been minimal improvement. At this inspection there were three continued breaches of regulation. This is therefore the second consecutive time the service has been rated Requires Improvement.

There continued to be shortfalls in the service that were identified at the previous two inspections. The oversight of the service by the provider had not improved. The provider's representative told us that one of them visited the service regularly and this was confirmed by the registered manager and staff. However, these visits were not recorded and there was no information about what the provider checked at each visit. The provider had not identified that improvements had not been made and that regulations had not been met. The provider did not have oversight of the quality of the service being provided to people.

The registered manager told us that they completed audits on all areas of the service, including care plans, medicines and infection control. These audits were not recorded to show what had been reviewed and if any shortfalls had been found. The registered manager had not identified the continued shortfalls found at this inspection.

Risks to people continued not to be consistently assessed and there was no detailed guidance for staff to mitigate the risks. There were no environmental risk assessments available and the provider did not have a contingency plan in place to keep people safe in the event of an emergency. Following the inspection, the registered manager sent us environmental risk assessments for the service.

Each person had a care plan that included information about their families, their lives before moving to the service. Nurses reviewed the care plans regularly and had recorded changes to people's care needs briefly in the evaluation documentation. They had not changed or updated the care plans when needed so staff had up to date information and guidance. Care plans did not always include details about how staff should support people according to their preferences. Care plans did not reflect the care being given to people so were not accurate or up to date.

There was a stable staff group, who knew people well. Staff knew people's preferences and described how people were different and if they were independent in any aspects of their care. Staff attended a handover when they arrived for their shift, staff discussed the care that people had received and if there were any changes to people's care. People and relatives told us that staff supported them in the way they preferred.

People were not protected from the unsafe management of medicines. There had been three medicine errors, appropriate action had been taken at the time and no harm had come to people. However, these errors had not been fully investigated and analysed and there was no action plan in place to stop them from happening again. Nurses had not had their competency to give medicines checked by a qualified person to ensure that all staff including the registered manager were competent.

Accident and incidents were recorded, but these were not analysed to identify any patterns or trends. Action had not been consistently planned or taken to reduce the risk of these happening again.

The registered manager met with people and their relatives before they moved into the service to ensure that the service was able to meet the person's needs. The pre-admission assessment covered all areas of people's physical, medical, social and cultural needs. The person or their relative signed to say they agreed with the care plan when it had been written.

The registered manager assessed people's health care needs, using recommended tools following guidance from the National Institute of Clinical Excellence. However, assessments were not always person centred and assessment documentation was not accurately completed.

There were sufficient staff to meet people's needs; however, staff had not always been recruited safely and the provider's recruitment policy had not been followed. Staff told us they felt supported by the registered manager and received regular supervision including clinical supervision and appraisal to discuss their training and development needs. Staff received training appropriate to their role.

People told us they knew how to complain. There had been two complaints since the last inspection. The registered manager had acted immediately to address the issues, however, the actions taken were not clearly recorded and the provider's complaints policy had not been followed.

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 were supported to eat and drink enough to maintain a balanced diet. People were assisted to eat when needed and received special diet and fluids as recommended by healthcare professionals.

Staff worked with other healthcare professionals to ensure people received effective care. People had access to opticians, dentists and chiropodists. Staff supported people to lead as healthier life as possible. People were encouraged to change their positions as much as possible in their chairs or if able walking as much as possible to help keep their skin healthy and intact. Staff offered people the opportunity to have

preventative treatment such as the flu vaccination. People were protected from the risks of infection. The service was clean and there were no offensive odours.

People told us that staff were kind and treated them with respect. People were encouraged to be involved in their care as much as possible. People's privacy and dignity was maintained by staff. Confidential information was kept securely and staff understood their responsibility to keep information confidential.

Staff knew the signs of possible abuse and were confident to raise concerns they had with the registered manager. The registered manager understood their responsibility to report any concerns to the local safeguarding authority.

There was an open and transparent culture within the service. People and their relatives were encouraged to be involved in the service. Quality assurance surveys were sent to people, staff and healthcare professionals. Feedback from the surveys had been positive; however, some people felt that there was not enough choice at meal times. The registered manager held staff and resident meetings to discuss more choices at meal times. A later survey showed that people were now happy with the choice of meals.

The registered manager's vision for the service was for it to be a centre of excellence for end of life care. Staff were trained to support people and ensure their end of life wishes and preferences were met. The registered manager completed regular training in end of life care to keep up to date with current practice.

The registered manager worked with other agencies to improve their knowledge and to share information to the benefit of people using the service.

The building had been adapted to meet people's needs. The building was being decorated to improve people's surroundings.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they needed to inform CQC of important events in a timely manner and had done so.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed the rating in the reception area of the service. The provider did not have a website to display the rating.

At this inspection three continued breaches and a new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. You can see what action we have asked the provider to take at the end of the report.

## 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 not consistently safe.

Potential risks to people had not been consistently assessed and staff did not have detailed guidance to mitigate the risks.

The provider's recruitment policy had not been consistently followed. There were sufficient staff to meet people's needs.

Medicines were not always managed safely.

Accident and incidents were not analysed to identify trends, action was not consistently taken to learn lessons and prevent them from happening again.

Staff knew about abuse and how to report it.

Staff followed policies to protect people from the risk of infection.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

People's needs were assessed, however, assessments were not always person centred.

Staff worked within the principles of the Mental Capacity Act.

Staff received one to one supervision and training appropriate to their role.

People were supported to eat and drink enough to maintain a balanced diet.

People were supported to lead healthier lives and had access to specialist healthcare professionals.

The building was adapted to meet people's needs.

**Requires Improvement** ●

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

The provider and registered manager had not checked that people received a good quality service.

People told us that staff were kind and caring. People were given privacy and treated with dignity and respect.

People were encouraged to make decisions about their care.

Staff kept information about people confidential.

### **Is the service responsive?**

The service was not consistently responsive.

People's care plans did not always contain details about their choices and preferences. Care plans did not reflect the care being given.

Complaints had been dealt with immediately, but, details had not always been recorded and the provider's policy had not been followed.

Staff supported people at the end of lives according to their wishes and preferences.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well led.

The provider did not have oversight of the service.

The provider and registered manager had not made improvements since the last inspection.

Audits and checks were not effective at identifying the shortfalls in the service.

People, relatives, staff and healthcare professionals had been asked for feedback about the service.

The registered manager worked with other agencies. There was an open and transparent culture within the service.

The registered manager informed CQC without delay of events that happened within the service.

**Inadequate** ●

# Eaton Lodge Nursing 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 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.

This inspection took place on 15 and 16 February 2018 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information about the service the provider had 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 looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We looked at four people's care plans, associated risk assessments and medicine records. We looked at management records including recruitment files, training and support records, resident and staff meeting records, audits and quality assurance. We observed staff spending time with people. We spoke with the registered manager, the provider's representative, two registered nurses, five care staff and six people who live at the service and four relatives. We did not use the Short Observational Framework for Inspection as people were able to speak to us about their experience living at the service.

Following the inspection we received feedback on the service from one community professional.

# Is the service safe?

## Our findings

People and relatives thought the service was safe. One person told us, "I feel safe with the staff." A relative told us, "I have seen staff use the hoist with (my relative) and others, they are reassuring and caring." Despite these positive comments, we found that the service was not always safe.

At our last inspection the registered manager and provider had failed to assess the risks to people's health and safety, to do all that was reasonably practicable to mitigate risks to people. At this inspection we found that there had been no improvement and there continued to be a breach of regulation relating to assessing and mitigating risks to people.

Potential risks to people's health and welfare had been identified but there was no detailed guidance for staff to mitigate the risks. Some people were living with epilepsy. This was mentioned in people's care plans but there was no detail about the type of seizures people experienced, what staff should do if people experienced a seizure and when to call for medical assistance. People had not had any seizures since living at the service. Staff knew which people were living with epilepsy and had received training. Staff told us they would call the nurse if they thought anything was wrong however clear records were needed for staff to follow in the event of an emergency situation.

Some people were living with diabetes and required insulin to be administered by the nurses. One person's care plan mentioned that they had diabetes but did not give staff guidance about the signs and symptoms the person may display if their blood sugar level was too high or too low. The review of the care plan mentioned that the person's blood sugar should be monitored, there was no information about when the blood sugar should be monitored and how often. The person's diabetes had been stable but there was a risk that staff would not recognise a change in the person's condition quickly.

Some people displayed behaviour that could be challenging. There was information in the care plans about the behaviour that people displayed but there was limited guidance for staff to be able to manage people's behaviour. One person's care plan stated that staff were to reinforce positive behaviours, however, there was no guidance for staff about how to do this. Behaviour charts had been completed by staff. The charts did not give information about what may have triggered the behaviour or what staff had done to manage behaviour and complete the care required. People continued to display the same behaviours time and time again, some leading to reports of minor injuries to staff. The provider told us in the Provider Information Return (PIR), "Service users can often exhibit behaviour that can be challenging; we have specific training on how to manage aggressive/challenging behaviour and a support structure from the manager and supervisors to guide staff in the best way to manage situations." This support was not in place.

People who needed to be supported to move by staff had risk assessments that included the equipment that staff should use. But there was no detailed guidance for staff about the size of sling to be used and how the sling should be positioned to move the person safely. We observed staff moved people safely and staff were able to describe the slings that they used to move different people. However, since the last inspection, there had been an incident when a person had to be lowered to the floor as they were slipping from the

sling. Additional moving and handling training had been given to staff, however, this did not give information about the way to move each person.

Previously, we found that emergency evacuation plans were not detailed and that staff had not taken part in fire drills using the emergency equipment. At this inspection, staff told us and records confirmed, that they had taken part in fire drills and had used the equipment available within the service. Each person had a personal emergency evacuation plan (PEEP). There was information about how to move the person but the PEEP did not contain information about how the person communicated or if they had any behaviour that might affect their safe evacuation so they needed further information.

At the previous two inspections there were no environmental risk assessments for the service so environmental risks to people had not been identified, assessed and mitigated. The registered manager had not understood the requirement for the risks in the building and surrounding environment to be assessed and had not put strategies put in place to mitigate the risks. There were policies in place for different areas of the service, these identified some risks but were not specific to the service. The provider had not identified that environmental risk assessments were not in place. There was a risk that staff would not understand the risks within the service and would not take appropriate action to mitigate them. For example, there were no assessments of the risks of equipment in the laundry such as gas dryers, hot water pipes and stairs. Following the inspection, the registered manager sent us environmental risk assessments for the service which covered all of the areas and issues.

There was a contingency plan document available for emergencies such as fire or flood. However, the risks had been identified but there was no information about what would be done if there was an emergency. For example, if the kitchen was unable to be used, the plan stated the service would not be able to produce meals for people, but there was no information about how the service would ensure people received meals.

At the last inspection, the provider and registered manager had failed to operate proper and safe management process in relation to the administration and recording of medicines. We found that there had been some improvements but further improvements were required and the breach of Regulation had not been met.

Some people were prescribed 'when required' medicines, such as pain relief and medicines for anxiety. Previously, there had been no guidance for staff about when to offer the medicine, how often and the maximum dose in a day. The registered manager had put a document in place for each person/not every person who needed one, however, this did not contain any guidance to staff about when to give the medicines so that there was enough time allowed between doses. There continued to be a risk that people would not receive their medicines consistently and when they needed them.

Previously, Medicine Administration Records (MAR) had not been accurate. At this inspection, staff had not completed the MAR's accurately. Some handwritten entries had not been checked and signed by a second person to reduce the risks of mistakes. Medicines that had been administered had not always been signed as given on the MAR. One person had a medicine prescribed on the MAR but this had not been signed as given for a month. The registered manager told us that they thought the medicine had been discontinued but this was not clear. There was a risk that the medicine would be given when it was no longer prescribed. Records showed and the registered manager told us there had been no change in the person's general health over the month that the medicine had not been given.

Previously, staff competencies in relation to medicines management had been completed but the assessment did not detail the areas covered. At this inspection, a new competency assessment was being

used; this included three parts of assessment. The assessments had been started but not completed; the registered manager was completing the assessments for staff. There had been three occasions when medicines had been given to the wrong person including a medicine that required special storage, administration and additional records to be maintained. Appropriate action was taken at the time and no harm had come to people. However, staff involved had not completed a competency assessment and the registered manager had been involved in one of the errors and they were completing the competency assessments. No action had been taken to access additional training and competency assessments from an independent source.

Nurses had received training in the use of syringe drivers, syringe drivers are used to ensure people have a constant supply of medicine by injection. Medicines required for emergency or end of life care were stored appropriately.

The registered manager told us that they had enrolled in to the Kent University TIPS (Teams Improving Patient Safety) programme. They told us 'the course will be taken by the manager and will teach how to identify and anticipate risks throughout the care home and then to strategically minimise these effectively'.

There were now charts detailing when and where creams should be applied to keep people's skin healthy. These were recorded by staff when the creams had been applied. Some liquid medicines such as eye drops, stopped being effective when they had been opened for a period of time. All bottles and eye drops had opening dates on them to ensure they were not used after the expiry date. Medicines were stored at the recommended temperature to keep them effective.

Accidents and incidents had been recorded. The registered manager had checked each report but had not analysed the information to identify any trends or patterns. There had been clusters of incidents reported including medicine errors and people's behaviours causing minor injuries to staff. The registered manager had initialled the reports of injury as being read, but had not recorded what action had been taken, any investigation, or strategy to reduce the risk of the incident happening again. The registered manager had recorded additional information about the medicine errors but there had been no investigation into why the errors had taken place or action needed to reduce the risk of them happening again.

The provider and registered manager had failed to do all that is reasonably practicable to mitigate risks to people's health, safety and welfare. The registered manager and provider had failed to respond to and manage risks associated with major incidents and emergency situations. The provider and registered manager had failed to operate proper and safe management processes in relation to the administration and recording of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had completed checks to ensure that staff were honest, trustworthy and reliable. However, these had not always been completed before people started work at the service. For example, references for one staff member who started work in October 2017 had not been received until December 2017. References had not always been received from people's previous employment, for example member of staff started work in July 2015, both references were from personal contacts dated in November 2016. The registered manager had not recorded the reasons for this and had not assessed the risk of not having references from a person's previous employer. Some references and Disclosure and Barring Service (DBS) criminal record checks had been completed but the results of the checks had not been received until after the person had started work at the service for example, one person started work in October 2016 and the DBS was dated 14 November 2016. The registered manager told us staff did not work unsupervised and staff confirmed this. The DBS helps employers make safer recruitment decisions. Checks on the identity and

health of staff and qualifications of nurses had been completed. Nurses Personal Identification Number (PIN) were checked to make sure they registered with the Nursing and Midwifery Council.

The provider and registered manager had not ensured that recruitment procedures were operated effectively to ensure information was confirmed before staff were employed. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager used a dependency tool to decide how many staff were needed to meet people's needs. This was reviewed if people's needs changed. Staff rotas showed that the required number of staff had been provided. Care staff were supported by domestic and catering staff so they could concentrate on providing people's care. Staff holidays and sickness were covered by part time staff employed by the service. Staff told us they thought there was enough staff. During the inspection, staff answered call bells quickly and people told us that they rarely had to wait for assistance. One relative told us, "On the whole the number of staff is good."

Staff knew how to recognise and respond to signs of abuse. The registered manager had reported any potential safeguarding concerns to the local safeguarding team. Staff knew how to report any concerns and were confident any concerns raised to the registered manager would be dealt with appropriately. Staff told us that they would go to the local authority if they felt that concerns had not been dealt with properly. Staff knew about and understood the provider's whistle blowing policy. People's money was managed safely. The registered manager kept receipts for items that had been paid for and money received. The money was checked to ensure the balance was correct.

The service was clean and free of unpleasant odours. Domestic staff carried out cleaning of all areas of the service. Staff completed cleaning schedules to record which areas had been cleaned. Staff used personal protection clothing such as gloves and aprons when appropriate. There was hand washing guidance available for staff around the service and there was an infection control policy, which staff understood and were observed adhering too. For example, we observed staff washing their hands after they had supported a person.

Staff completed regular checks on equipment that people used to ensure it was safe. Checks included fire equipment, hoists and the passenger lift.

## Is the service effective?

### Our findings

We inspected this key question, is it effective, to follow up the concerns found during our previous inspection on 13 and 14 December 2016. The topic areas relating to this concern were previously under the key question of Responsive in the previous assessment framework, but were moved to this key question when the framework was reviewed and refined.

Previously, the provider and registered manager had not assessed people's needs and planned their care with them. At this inspection, improvements had been made, but the breach of Regulation had not been fully met.

The registered manager met with people and their relatives before they moved into the service to ensure that the service was able to meet the person's needs. The pre-admission assessment covered all areas of people's physical, medical, social and cultural needs. This assessment was used to complete a short term care plan to provide guidance for staff when people were first admitted to the service. The registered manager discussed the care plan with people and their relatives and made changes when needed. The person or their relative signed to say they agreed with the plan.

The registered manager assessed people's health care needs, using recommended tools following guidance from the National Institute of Clinical Excellence. These assessments were used to decide the equipment and care required to keep people as healthy as possible. However, assessments were not always person centred and individualised and assessment documentation was not accurately completed, this put people at risk of not receiving care appropriate to their needs.

The registered manager had assessed the amount of fluids people should be encouraged to drink to keep them healthy. The guidance used was based on the optimum level for a healthy person. Some people had long term health conditions and behaviours that affected the amount they were able to drink. One person had not drunk their recommended amount of fluid for the previous six weeks. Staff offered fluids each hour but their fluid intake varied because of their behaviours and general health. The registered manager had not considered this and adjusted the amount of fluid required based on the evidence of the person's health, age and behaviours, to ensure the assessment was person centred.

Some people had wounds that were managed by nursing staff. There were wound care records in place, however, nurses had not completed them accurately and had not always followed the plan of care. One person had developed a wound recently. Staff had not taken a photo, measured the wound or written a description. The wound assessment document had not been completed correctly. Different nursing staff had attended to the wound, there was no information for staff to be able to assess if the wound was improving or deteriorating. Staff had not always applied the dressing that was recorded in the care plan; no reason had been recorded for this decision. The registered manager did not know if the wound had improved or not.

The provider and registered manager had failed to assess people's health needs to provide care that was

person centred. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us that they had been involved in planning their care. One relative told us, "I have been invited to meetings about my (relative's) care." One person told us, "They ask me what I want and take notes."

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS when appropriate. Some DoLS authorisations had been made and applications had been made when the authorisation was due to end.

Previously, the registered manager had not understood their responsibilities when making decisions which may restrict people when a DoLS application had not been made, such as using bedrails. There were now assessments in place for each person as to why the person needed to have bedrails to keep them safe. When people were unable to make an informed decision, best interest meetings had been held with their relatives to discuss the reason for the bedrails and agree that bedrails were the least restrictive option.

People's capacity to make simple and complex decisions had been assessed. Capacity assessments were decision specific for each area of the person's life. Staff described how they gave people choices and encouraged them to make decisions. We observed staff asking people how they would like to spend their time and what they would like to eat.

Staff received training appropriate to their role. The service employed a member of staff to support staff through their induction and to complete face to face training with staff for topics such as moving and handling. When there had been incidents involving the moving and handling of people, staff attended additional practical sessions to ensure they were still competent in moving people safely. Other topics attended by staff included end of life care, diabetes and epilepsy awareness, these were completed online or through distance learning.

New staff received an induction which included shadow shifts. Staff worked alongside experienced staff to learn about people's choices and preferences. Staff completed the Care Certificate; this is an identified set of standards that social care workers adhere to in their daily working life. Staff told us that they had extra shadow shifts if they did not feel confident to work independently. During the inspection, staff moved people safely using equipment and people were assisted to eat and drink safely. Nurses spent time with people, talking to them so that could assess what support was needed that day. Nurses contacted the person's GP after speaking and checking one person, to ask for a visit.

The registered manager worked alongside staff to mentor and coach them. Staff received regular supervision and appraisal, to discuss their development. Staff told us that they felt supported by the registered manager and were able to discuss any concerns with them. The registered nurses received clinical supervision from the registered manager and had access to additional training to keep their clinical

skills up to date. The registered manager received clinical supervision from a registered manager employed by the provider at another of their services.

Staff monitored people's health and contacted their GP if they became unwell. People's weight was monitored, when people lost weight they were referred to the dietician for advice. Staff followed the advice given, people received fortified meals and dietary supplements when prescribed. When people had difficulty swallowing, staff referred people to the Speech and Language Therapist (SALT). We observed people receiving fluids that had been thickened and pureed meals, as requested by SALT. One relative told us, "My (relative) has soft food which is presented nice. They were underweight but have now put on weight."

People who were living with diabetes were seen by the specialist diabetic nurse, to monitor how their diabetes was being managed. Staff followed the advice given and reported back to the specialist nurse when requested.

Staff supported people to lead as healthier life as possible. People were encouraged to eat a healthy diet including fruit and vegetables. People were encouraged to move as much as possible in their chairs or if able walk as much as possible. Staff offered people the opportunity to have preventative treatment such as the flu vaccination.

People told us that they saw the dentist, chiropodist and optician when needed. One relative told us, "Doctors, dentist and optician have been arranged by the home. SALT have also been in regarding speech, swallowing and diet."

People had a choice of meals and snacks. People were able to request snacks throughout the day and these were cooked for people. During the inspection, one person had a sausage sandwich mid-morning and another person had a cooked breakfast when they got up. People told us they enjoyed their meals and they had put on weight.

Some people required support from staff to eat their meals. Staff were patient and allowed people time to eat and offered them drinks. People were given the choice of where they wanted to eat, including the lounge, dining room and their rooms.

The building had been adapted to meet people's needs, such as a passenger lift and ramps to enable people to go outside safely. The provider had made improvements to some of the decoration and bathrooms; there were plans for further improvements in the future. There were communal spaces and people were able to access the garden whenever they wished.

## Is the service caring?

### Our findings

People told us that staff were kind. One person told us, "Staff are very friendly and give you a hug every now and again, I love it."

The registered manager and provider had not taken action to meet previous breaches of Regulations. There continued to be a lack of oversight of the quality of the service being provided. Although people and relatives we spoke with were happy with the quality of the service, there was no process in place to check that people were receiving good quality care. We expect provider's to be caring in the way that they provide resources including support for staff to provide person centred care, reduce the risks to people's health and welfare and analyse incidents and accidents to ensure that people are not put at risk of them happening again.

People were relaxed in each other's company. Many people chose to sit in the communal lounge during the day and they chatted amongst themselves. Staff knew people well and how they liked to be approached and spoken too. We observed that staff changed the way they spoke with different people. When giving one person their meal, staff said, "Hello, here is your dinner and a nice cup of rosie lee, sir." The person smiled and laughed.

Staff spoke with another person in a quiet voice and knelt down so they were at eye level. They touched the person's hand while they explained what they were going to do. The person smiled and was relaxed when staff moved them using the hoist.

People told us that staff treated them with dignity and respected their privacy. Staff told us, "We always knock on the door and wait to be asked in. I always close the door and curtains when people are having care." A relative told us, "The staff knock before entering." When people shared a room, staff ensured that curtains were pulled between the beds or a screen was used.

There were strong, caring relationships between people and staff. There appeared to be genuine affection, staff spoke passionately about how they cared for people and how they wanted to be comfortable and happy. Staff knew and had developed relationships with relatives and friends who were important to people. We observed visitors being greeted by staff in a relaxed way and they appeared comfortable. Visitors told us they were welcome to visit at any time and they were able to make their own drinks when they wanted in the dining room.

Before the inspection, it had been Valentine's Day, all the people had been sent cards from the staff team and there were balloons in the communal lounge. People told us that they had enjoyed talking about their loved ones and describing the cards they received when they were younger.

People and their relatives were encouraged to be part of planning their care and support. Relatives told us they were always kept informed of any changes in their relative's care. People had been supported to make decisions about their care, for example about attending hospital appointments. One person who had

capacity decided that they did not want to follow guidance from healthcare professionals, about eating a soft diet. Staff respected the person's decision and had discussed with them the consequences that may occur because of this decision.

People were encouraged to be as independent as possible. Staff prompted people to try to eat their meals independently, only assisting when people were unable to continue. Staff prompted people to assist them when supporting them, for example staff asked people to lift their feet when using footplates on the wheelchair.

People had been encouraged to personalise their rooms with photos, pictures and ornaments. People told us that their rooms felt homely. People's religious beliefs were recorded to enable staff to support people. Services were held for people to attend if they wished.

Some people were unable to express their views about their care, so staff ensured that decisions were made involving people who were important to them including their family and friends. Some people had nominated a person to represent them, however, some people had not. When this was the case, staff knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People's confidential records and information were kept securely and staff understood about maintaining people's confidentiality. The provider was asked in the PIR to provide examples of how they met the Accessible Information Standard. The provider wrote, "By identifying, recording, flagging, sharing, and meeting the information and communication needs of people who use services, carers/staff and relatives where those needs relate to a disability, impairment or sensory loss." There was no evidence of how this was being implemented for individuals and their communication needs for example, information was not presented in ways that might be more meaningful to people living with dementia.

## Is the service responsive?

### Our findings

People told us that they received care that was personal to them. One person told us, "Staff know me and we talk about what I would like."

Each person had a care plan that included information about their families and their lives before moving to the service. The care plans covered all areas of a person's daily lives. Nurses reviewed the care plans regularly and had recorded changes to people's care briefly in the evaluation documentation. They had not changed the care plan when needed so care plans were not accurate or up to date. One person's continence care plan stated they called staff when they wanted to use the commode. Reviews had taken place monthly and it had been recorded in the evaluation that the person now required additional support as they were incontinent and used incontinence aids. The person's care plan had not been updated with this new information to make sure it was accurate and up to date.

Care plans did not include details about how staff should support people according to their preferences. One person's personal hygiene plan stated they were limited to how much they could do for themselves. Staff were to encourage the person to participate in their care and all staff to be aware of their needs. There was no guidance about how staff were to encourage the person or what they were able to do. Another person liked a shave daily but there was no information about what type of shave the person liked and the support they may need to do this as independently as possible.. Without this individual detail people were at risk of not receiving personalised care and support. The care plans did not reflect the care that people were being given by staff

There was a stable staff group, who knew people well. Staff were able to describe how they supported people despite the lack of detail in the care plans and records. They knew people's preferences and described how people were different and if they were independent in any aspects of their care. Staff attended a handover when they arrived for their shift, staff discussed the care that people had received and if there were any changes to people's care. People and relatives told us that staff supported them in the way they preferred. One person told us, "The staff know what I like and always do it."

The provider and registered manager failed to maintain accurate and contemporaneous records for each person. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were encouraged to take part in activities of their choosing. Staff took people into the village or to the seafront when they wanted. Outside entertainers came into the service, including musicians; relatives told us that people enjoyed the entertainment. Staff spent one to one time with people who remained in their room. People told us that they enjoyed the pamper sessions, where they had their nails painted and the hairdresser came weekly.

The provider had a complaints policy; this was available in the reception area and in people's rooms. People and relatives told us they knew how to complain and felt that the registered manager would deal with any

complaints quickly. There had been two complaints since the last inspection. The registered manager told us that they had contacted the complainant immediately and worked with the person to resolve the complaint. The registered manager had recorded brief notes on the action they had taken; however, this did not give information about any action agreed. The action taken by the registered manager was immediate when the complaint was received but the way it was recorded did not follow the provider's policy.

People living at Eaton Lodge were frail and had complex needs, staff recognised when people were nearing the end of their life. The registered manager was passionate about how people were supported with their end of life wishes. Staff had received training to be able to support people and the registered manager had completed higher education courses to deliver care and support following good practice guidance. Nurses worked with GP's, people and their relatives to record people's end of life wishes. Each person who had been identified as nearing the end of their life had a care plan in place. An advanced care plan was completed that detailed people's wishes about the support they wanted and if they wanted to be admitted to hospital. Medicines required to support people at the end of their life were at the service, were stored safely and were available when needed. If required, people were referred to specialist palliative services for additional support. People's medicines were reviewed by the GP to ensure that they remained appropriate. Some people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place, which was kept in the front of their care plan so it would not be overlooked. Staff were aware of people's cultural and spiritual needs regarding their end of life needs. Staff told us that relatives were encouraged to spend time with their loved one and could stay overnight if they wished.

## Is the service well-led?

### Our findings

People and relatives told us that the registered manager was approachable. One relative told us, "Yes we can speak to the manager; they are always there for us." Another told us, "They have improved quite a bit. I always comment and ask questions and am happy with the result." One person told us, "The manager would come and talk to me if I wanted them to."

At the last inspection and this inspection, we found three continued breaches of Regulations. This related to providing safe care and treatment, person centred care and a failure to assess, monitor and mitigate risks, maintain accurate and complete records, assess, monitor and improve the quality of the service. At our last inspection, the service had improved but required further improvement to meet Regulations. However, at this inspection, the improvements made previously had not been embedded and sustained by the provider and registered manager to continue to improve the service.

There continued to be shortfalls in the service that were identified at the previous two inspections. Potential risks to people had been identified but staff did not have detailed guidance to mitigate the risks. Action had not been taken to make improvements to the detail provided in risk assessments that staff used to support people. People's records were not accurate or up to date and did not contain details about how staff should support them to ensure their preferences were met.

The oversight of the service by the provider and registered manager had not improved. The PIR stated "The provider continuously checks the care home environment and carries out audits, should there be any issues that need resolving an action plan is immediately put in place. The provider and the manager are in constant communication throughout the day advising and supporting in aspects of management but also collaborating with senior staff and the manager to strategically improve the delivery of care." Audits and checks by the provider were not recorded and there was no action plans as a result of the unrecorded audits. The provider had failed to provide an action plan as we requested following the last inspection.

The provider's representative told us that one of them visited the service regularly and this was confirmed by the registered manager and staff. However, these visits were not recorded and there was no information about what the provider checked at each visit, what they assessed or who they spoken with. The provider had not identified that improvements had not been made and that regulations had not been met. The provider did not have oversight of the quality of the service that was being provided to people. There were no records of any observations of staff practice or people's care plans, for example and no record of any action taken by the provider.

The registered manager was involved in the day to day running of the service and attended staff handovers; they were up to date with people's needs. However, they did not consistently check the quality of the service being provided to people and had not identified the shortfalls found at this inspection. They were responsible for writing people's care plans and had not ensured that staff had guidance to provide safe, effective care and records were accurate. Nurses told us that the registered manager would make changes to the care plans when needed, but agreed that this had not happened when they highlighted that people's

needs had changed.

The registered manager told us that they completed audits on all areas of the service, including care plans, medicines and infection control. These audits were not recorded to show what had been reviewed and if any shortfalls had been found. The clinical audit file included audit tool templates that covered nursing records, clinical governance, medication and care audits. There were no audits completed covering any of these topics.

The registered manager told us that they initialled the care plans with a green pen, when an audit had been completed. This was seen in the care plans we reviewed, but there was no further information recorded, including if any shortfalls were found or suggestions made to improve. The registered manager initialled the medicines charts when new medicines were received each month, to agree that the medicines were correct. The registered manager told us that they relied on staff to be honest about any errors they made and these would be investigated. The registered manager had investigated medicines errors, but had not recorded a comprehensive action plan and similar errors continued to be made leading to a lack of continuous improvement.

The provider and registered manager had not completed environmental risk assessments and a contingency plan to keep people safe. The environment posed potential risk for example stairways, windows, water temperatures but these risks had not been identified, assessed and mitigated. When we asked for records and documents, the registered manager and provider had difficulty locating them.

The provider and registered manager had failed to assess, monitor and improve the quality of the service and safety of the service provided to people. The provider and registered manager failed to maintain accurate and contemporaneous records for each person and take assess risk to people's health and welfare. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an open and transparent culture within the service. Staff felt that the registered manager was supportive and that they were able to tell them about any concerns, issues or errors. People and relatives told us that they knew who the registered manager was, saw them regularly and were kept informed of any changes to the service or their care. During the inspection, people appeared to be relaxed with the registered manager.

Staff told us that they were able to be open and honest with the registered manager and that the registered manager worked with them. Staff had informed the registered manager of any errors, incidents and accidents that took place and felt that there was a 'no blame' culture. However, the registered manager had not always taken the appropriate action to stop these incidents from happening again.

The registered manager had a vision that the service would become a centre of excellence in end of life care. Staff supported this vision and told us how they were proud of the care they gave to people at the end of their lives. Relatives had written to the service to express their feelings about the care given to their loved ones. One card read, "Right to the end your care and compassion shown to (relative) and ourselves was special." Another read, "You were all so very kind, caring and compassionate in what were sometimes, very difficult circumstances and we can't thank you enough." Comments from people's relatives showed that they had felt supported by staff; however, there was not a plan in place to show how they were going to achieve this vision.

Quality assurance surveys were sent to people, relatives, staff and stakeholders such as healthcare professionals. Feedback received from staff and stakeholders was positive. People and relatives identified

concerns about the choice of food within the service. The registered manager held a meeting with the kitchen staff to discuss the choices people were given and how improvements could be made. It was agreed that there would be a book for supper to record people's choices. The registered manager held a resident's meeting to describe the action that would be taken. A quality assurance survey was sent out six months after the meeting and results showed that people were now satisfied with the meals.

Staff told us that they felt supported by the registered manager and they felt they worked well together as a team to ensure people received the care and support they needed. Staff attended regular staff meetings where staff practice was discussed and reflected upon. Staff were encouraged to make suggestions about what people needed and improvements to the service. Minutes of meetings showed that suggestions such as needing more slide sheets had been actioned.

The registered manager attended local care home forums and the service belonged to the Nursing Home Association and Enabling Research in Care Homes. The registered manager was starting to work with the Clinical Commissioning Group's end of life forum. They told us they had completed higher education courses to develop the service's end of life practice, however, there was no evidence to show that this involvement had led to improvements in the quality of the service provided.

The registered manager worked with other agencies including the local safeguarding team and care home specialist nurse in an open and transparent way. However, the support and guidance given by these agencies to improve the service following the previous inspections had not been implemented as there were continued breaches of Regulations.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they needed to inform CQC of important events in a timely manner and had informed us as required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed the rating in the reception area of the service. The provider did not have a website.

This section is primarily information for the provider

## 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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider and registered manager had failed to assess people's health needs to provide care that was person centred.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider and registered manager had failed to do all that is reasonably practicable to mitigate risks to people's health, safety and welfare. The registered manager and provider had failed to respond to and manage risks associated with major incidents and emergency situations. The provider and registered manager had failed to operate proper and safe management processes in relation to the administration and recording of medicines.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	The provider and registered manager had not ensured that recruitment procedures were operated effectively to ensure information was confirmed before staff were employed.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider and registered manager had failed to assess, monitor and improve the quality of the service and safety of the service provided to people. The provider and registered manager failed to maintain accurate and contemporaneous records for each person and take assess risk to people's health and welfare.
Treatment of disease, disorder or injury	

### **The enforcement action we took:**

We imposed a condition on the provider's registration.