Ealing Manor Nursing Home

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Inspection report

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Date of inspection visit:
18 September 2017

Date of publication:
12 December 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This unannounced inspection took place on the 18 September 2017.

Ealing Manor Nursing Home provides nursing care for up to 33 older people and younger adults with a physical disability.

At the previous inspection in August 2015 they were rated 'Good'. At this inspection we have rated the home 'Requires improvement'. This is because we found that although people had individualised risk assessments to keep them safe, some risk assessments were not in place to fully ensure their safety. We brought this to the attention of the registered manager and provider and they ensured these were completed immediately.

In addition there was a lack of stimulating activities for people. We have made a recommendation for the provider to review the provision of person centred activities for both people who wished to attend planned activities and those remaining in their bedrooms.
The provider had quality assurance systems in place however these had not identified the concerns we found during our inspection. Therefore, we found a breach of the regulations with regard to good governance.

People and their relatives spoke very positively about the registered manager. 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 was visible and active in the home and everyone we spoke with including staff found them approachable. People and their relatives described staff as caring. We saw some sensitive and gentle interactions between staff and people.

People's support needs were assessed prior to admission to ensure the home could meet their needs and to ensure there were enough staff to provide a quality service. The staff team was well established and were familiar to people. The staff recruitment procedure was robust to ensure the safety of people who use the service.

People's care plans contained their views and stated how they wished to be supported. Staff reviewed care plans on a regular basis. People were appropriately supported when they reached the end of their lives because the provider had suitable arrangements in place for this purpose..

People told us they felt safe living at the home and the registered manager had reported safeguarding adult concerns appropriately. Staff had received safeguarding adults training so they knew what to do if they suspected people were at risk of abuse.

Nursing staff administered people's medicines and medicine administration records were completed

without errors or omissions.

Staff had received infection control training and were provided with disposable protective equipment to help prevent cross infection.

The registered manager and provider understood their responsibilities under the Mental Capacity Act 2005 and applied for Deprivation of Liberty Safeguards appropriately. People were supported to make choices by staff who gained people's consent before offering care. The policies and systems in the service supported this practice.

Staff received a thorough induction and appropriate training and support to undertake their role.

Staff supported people to access the appropriate health services in a timely manner. There was close liaison between the service and the palliative care team.

People were supported to eat a nutritious and healthy diet and remain hydrated.

People and staff said they felt comfortable in raising concerns and knew how to complain. Auditing and checks took place to ensure the quality of the service.

The service worked in partnership with health professionals and asked for feedback to monitor and assess the quality of the service provided so they could make any identified improvements.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we told the provider to take at the back of the full version 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?

Requires Improvement

The service was not always safe.

Risk assessments were undertaken to keep people safe, but a few risks to people were not appropriately assessed and mitigated. However the provider immediately put the missing risk assessments in place when we pointed this out.

Medicines were administered in a safe manner.

Staff could recognise signs of abuse and knew how to report concerns appropriately.

There were enough staff to keep people safe and meet their needs.

The provider had systems in place to make sure the staff recruited, were suitable to care for people using the service.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were appropriately trained, supervised and supported.

Staff asked people's consent before giving care and the provider acted within the principles of the Mental Capacity Act 2005 when people lacked capacity.

People's nutritional and hydration needs were met.

People were supported to access appropriate health care in a timely manner.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were caring.

People's privacy and dignity was respected.

People and their relatives contributed to their care planning and were involved in making decisions about their care.

People were supported in their end of life wishes.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service supported people to maintain their individual everyday activities. However there was a lack of daily planned activities for people who remained in their room.

Except for the activities, people were cared for in a way which met their needs and reflected their preferences.

People and relatives told us they felt they could make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider audits and checks had not identified that some risks to people were not always identified and the activities offered by the staff were limited. As a result they were not able to bring their own improvements, until we pointed these concerns to them

There was a well- respected registered manager in post.

People using the service and other stakeholders were given the opportunity to give their opinions on the service and these were considered when making improvements at the service.

Audits took place to ensure people's needs were being met.

Ealing Manor 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 comprehensive inspection took place on the 18 September 2017 and was unannounced.

The inspection team consisted of an inspector, a specialist advisor who was a nurse 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 information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the provider is required to send us by law.

At the time of our inspection thirty-two people lived in the home. We spoke with five people and five relatives. We looked at five people's care records. This included associated documents such as risk assessments, recording charts and daily notes. We observed people receiving their medicines, looked at thirty-two medicine administration records and checked the storage of medicines. We observed staff interaction with people throughout the day and this included when staff supported people to eat.

We reviewed four staff personnel records, including their recruitment and training documentation. We observed the staff hand-over meeting. During our inspection we spoke with three care staff, two nurses, the registered manager and the director.

Following our inspection we spoke with the local authority.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Ealing Manor Nursing Home. Their comments included, "You feel you are in a safe place here'' and "They keep an eye out for me and I can sleep at night.'' One relative told us, "If it was not safe, my mother wouldn't have stayed seven long years.'' The staff and nurses had received safeguarding adult training and could tell us how they would recognise signs of abuse and described how they would report concerns appropriately. We saw that the registered manager had followed procedures and reported safeguarding concerns to the appropriate body and notified the Care Quality Commission, as required.

People had risk assessments to keep them safe from harm. These included risk assessments for falls, moving and handling, skin integrity, risk of choking, bed rails, and use of bedside tables. Risks were clearly described and measures were put in place to minimise the risks. However, we saw one person had been in danger of becoming tangled in their call bell cord when in bed. As such it was clearly documented it had been removed for their safety. The concern had been shared with the staff team so they were all aware of the danger. However a risk assessment had not been undertaken. This meant there had been no assessment to ensure if this was the safest option for the person and to determine if other measures were necessary to support the person to call for help. As a result there was no records of what was in place for the person to summon help or how the person would be monitored, should they need help.

We also found that there were no personal emergency evacuation plan (PEEP) risk assessments undertaken. These assessments are necessary to have in a care home. This is because in the event of an emergency such as a fire both staff and the emergency services need to know what support people require to be moved to safety. We brought this to the attention of the registered manager and director. They ensured that both the call bell and PEEP risk assessments were completed immediately and sent evidence this had been done the following day.

We found that there was a fire risk assessment and quarterly checks made by a contractor, of the fire detection system and fire fighting equipment. Checks were made on a weekly basis of the call bells. There had been six fire drills since January 2017 and these had occurred at different times of day. Staff and people's responses had been noted. There were quizzes for staff in fire prevention to ensure they knew what action should be taken. The fire service had visited to check the premises in 2017 to ensure they were safe in regards to fire protection. The premises were adequately maintained to ensure these were safe for people. For example an electrical installation check had taken place in 2016 and a gas installation check in 2017. Portable electrical appliances were also checked on a six monthly basis.

Relatives told us there were enough staff on duty to care for people. One relative described a consistent staff team "It's always the same staff, no agency. I think they cover each other and you see the difference." One staff member told us "Yes, [there are] two teams of two carers and the nurses. We could raise it if we don't have enough staff, we are allowed to, and our voices would be heard." During our inspection there was enough staff to support people. In the morning we saw that people who remained in their rooms received their breakfast and personal care support. Staff worked in teams under a nurse's supervision and worked in

a specific area to ensure people received the support they required. People who were in the lounge were eating their breakfast some people were already washed and dressed for the day whilst other people were being encouraged to have support to shower. There was no sense of staff rushing people.

The registered manager told us that they had some bank staff and existing staff who worked overtime to cover absences and emergencies. They were careful to assess the dependency needs of people referred to the home prior to them being accepted and explained this was so they had enough staff to meet people's support needs. For example, the home was accredited to the Gold Standard Framework for Palliative Care but they only accepted a small number of people with a palliative diagnosis at any one time. This was because people needed intensive support from staff and they wanted to be able to offer a quality service to them and others living at the home. The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis.

We looked at a selection of staff personnel files and found the provider had appropriate recruitment processes. Prospective staff completed application forms and attended an interview. Staff personnel files contained a photo of the staff member for identification. Prior to employment, criminal records checks were undertaken, proof of identity sought, right to work confirmed, address checks made and two references were received. As such the service helped to ensure staff were suitable to work with people who use the service.

One relative told us, "They pay attention to the medication. They know what they are doing." Medicines were administered by the two nursing staff on duty. We looked at all people's medicines administration records (MAR) and found no errors or omissions. People's MAR contained details of their medicines, allergy information and if there were swallowing difficulties. Medicines were blister packed and colour coded to denote the time of day they should be given.

Medicines were administered from secured trollies and we saw that all prescribed ointments and thickeners were kept in the clinical room and were all within expiry dates. Deliveries of medicines were kept in a separate locked room prior to being checked by the nursing staff before being confirmed as safe to administer.

Controlled drugs were kept securely. The controlled drugs log was signed appropriately by staff whose signatures were recorded and these were copied to the supplying pharmacy. Controlled drugs were audited weekly. We found all drugs were correct and within their expiry dates.

The clinical room and the drug fridge temperature were checked daily, recorded, signed, and dated. In the medicines fridge, any medicine that was opened such as insulin had the date opened recorded so that it could be disposed of within a month of use.

The local authority had inspected the kitchen the week before our visit. They had awarded a five star rating of "Very good" and the highest rating awarded. As such this demonstrated a high standard of hygiene when preparing and storing food.

One person told us, "You see them always hoovering." The service was kept clean by cleaning staff. We observed staff using protective equipment such as disposable gloves and aprons to prevent cross infection. There were trollies on each floor with supplies of gloves and aprons for staff use in people's bedrooms. There was a system in place to ensure that soiled items were kept separate from other items. Soiled laundry was washed at the appropriate conditions to render these clean and safe. We noted that the contaminated waste bin in the laundry room did not have a lid and we brought this to the attention of the registered

manager who agreed to address this. We acknowledged however that waste was disposed of in yellow sacks that were sealed appropriately.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty 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). Ealing Manor Nursing Home was applying for DoLS authorisations appropriately on behalf of people who did not have capacity to consent to their care and treatment.
Mental capacity assessment were carried out for example to assess if a person had the capacity to consent to the use of bedrails. Throughout the inspection we saw people giving their consent to care. For example staff asked people what they wanted to do, as such some people wanted to stay in bed for a while longer, some wanted to go out either on their own or with the activities co-ordinator. All people's choices were respected and met by staff.

Staff told us they received induction training when they commenced their role. One staff member told us "It's good, if you are not comfortable or confident you can say so and they will extend the induction." Staff described how they received training and shadowed experienced staff. We saw that training included moving and handling, infection control, safeguarding adults, health and safety, first aid, fire precaution and procedures, preparing food and feeding, and dementia.
Further training offered to staff included prevention of pressure ulcers, skin integrity, and communicating with service users. The registered manager and nurses had undertaken specific training. This included diabetes, caring for people affected by a stroke, nutrition, wound healing, the Gold Standard Framework and long-term care. In addition some had undertaken train the trainer courses and were leading moving and handling training. We saw detailed lesson plans. The nurse explained to us that the training was tailored to the needs of the people living at the home and they could check that staff were implementing the techniques appropriately.

Staff told us they felt well supported by management. Staff confirmed they had a supervision session once a year and said for example that they found the session, "Helpful, they ask if there is anything they can do to improve the quality of care." All staff spoken with described the registered manager, director, and nursing staff as "supportive" and "approachable.

The director told us "We have an open door policy which allows staff to raise concerns at any time." The registered manager told us that she supervised formally once a year as staff have worked with her for a long time. However she will speak with staff on an individual basis if there is a problem. Ealing Manor Nursing Home Supervision Policy states, "For staff employed less than a year, they will be supervised at least once every month. For other staff they (supervision sessions) will usually be no more than three monthly." As such the registered manager was not meeting their supervision policy. However following our visit the provider told us that they were introducing group supervision every three months and will have individual annual supervisions.

People chose their meals from the menu. There was a variety of breakfast options, a choice of two main courses at lunchtime and soup, sandwiches or a cooked meal or salad in the evening. Biscuit and fruit

snacks were served in the morning and afternoon. One person told us, "The food is very good.'' People said they were enjoying their meals when asked at lunchtime. People had their weight recorded or their BMI calculated on a monthly basis and had maintained their weight.

We found that people who needed support with eating were having their needs met. For example food was pureed and presented to make it attractive to eat. We observed staff told people what they were eating and support was given to eat in a sensitive and gentle manner. Speech and language therapist (SALT) referrals had been made when appropriate and guidelines were accessible for staff reference about how to support people with eating. One person had a very high risk of aspiration. There were clear guidelines about how they must be supported and a nurse always supported this person to eat due to the increased risk. The service was taking good measures to make lunch times an enjoyable and safe experience for people who used the service.

People were offered drinks with their meals and tea and coffee with their snacks. Water was available for people and we saw people were encouraged to drink sufficient fluid to remain well hydrated.

One person described the support they receive with their health care as, "[The activities co-ordinator] comes with me when I have appointments at the hospital." One relative described how their mother's well- being had improved significantly since they moved to the home. Another relative told us, ''They keep me informed of everything. If there is something wrong they call me immediately.'' Another relative told us, "You are aware of all the appointments." Staff, in particular the nurses, were well informed about people's health support needs. We saw from people's records that they were supported to access appropriate healthcare professionals such as the GP, SALT, dietitian and tissue viability nurses in an appropriate and timely manner.

Good

Is the service caring?

Our findings

People told us staff were caring. Their comments included, "We are part of the family here. The staff have a caring approach," "It's splendid, I like living here," and "I would recommend this place." Relatives spoke highly of the care given to their family members. For example they told us, "All the staff here are caring and listen'' and "The care she gets from the staff is good and warm. We are so pleased.''

Staff told us they liked working with the people living in the home. Their comments included, "I have amazing positive relationships with the residents and my colleagues as well. It is a nice atmosphere'' and "I think that could be me, I treat people like I would my family members – all are aunties and uncles." Whilst at the home we saw caring interactions between staff and people. For example, staff spoke with people in a sensitive and reassuring manner when supporting people to eat and gave encouragement to enjoy their food.

People had a named nurse and were encouraged to say how they wanted their care to be delivered. People's care plans were reviewed on a regular basis and contained people's consent. Where people could not be involved in their care plans, relatives confirmed they were involved in the planning of their family members' care saying for example, "I see the care plan quite often and I discuss it freely with the manager.'' We saw when someone wanted staff to take a particular approach this was respected. For example we saw a notice on a bedroom door that told staff checking on the person's welfare at night, "Don't knock and just open slowly and shut behind you carefully without noise." This was signed by the person. Staff confirmed they met this request.

During our inspection we observed staff respecting people's privacy and dignity. For instance when entering people's bedrooms they knocked on closed doors before entering and asked if they could come in. One staff member described how they maintained people's modesty when providing personal care by covering them with a towel. Also by leaving the room and waiting outside, "I say let me know when you are ready."

People's care plans stated their preferred name and their ethnicity and religion. We saw that cultural and religious observations were highlighted, such as no pork in their diet. Staff including kitchen staff were able to tell us about people's religious and cultural observations. The provider and their staff ensured people's cultural needs were respected and various religious and cultural festivities were celebrated in the home.

Ealing Manor Nursing Home was accredited to the Gold Standards Framework for providing end of care. This meant the home had been assessed as meeting certain quality standards in regards to the provision of end of life care. We saw appropriate care plans for people who were receiving end of life care. The care plans were reviewed and DNARCPR (Do Not Attempt Cardiopulmonary Resuscitation) records were completed with the person and their family and appropriately signed. We saw that end of life care meetings with the relevant health care professionals had taken place and the care plans contained guidance as to how people's end of life support should be given. People's care plans also contained their funeral wishes and included who should be informed and which funeral director to contact. In that way, the provider was making sure there were appropriate arrangements in the home to help meet people end of life care needs.

Requires Improvement

Is the service responsive?

Our findings

People had person centred plans that gave detailed information about their personal circumstances. People's records showed that they had a pre-admission assessment completed prior to transferring to the home. The registered manager told us this was to ensure they could meet people's support needs. When people were admitted to the home staff completed another assessment of their activities of daily living. This included breathing and circulation, eating, drinking, mobility and communication. These were person centred and told staff how they wished to be supported. People's records also contained their social history. This gave staff an insight about the person's life and what was important to them.

People told us "I love the garden here. When its good weather the staff take me out in the garden", "The activity coordinator escorts me to bingo" and "They take me to the local shops and to the bank if I need". There was an emphasis on supporting individuals to maintain their independence in every -day activities. As such on the day of inspection, two people went out to bingo with a relative and the activity co-ordinator. There were different events occurring each month and these included trips to the theatre, a barbeque, a mobile clothes shop, and a carol service. Relatives were invited to participate.

However, we saw no evidence of planned activities in the home on a day to day basis. It was confirmed by the activity co-ordinator that there was not a weekly programme of activities. Therefore on the day of the inspection when the two people went out to bingo, other people remained in the lounge area and had a music CD played. The same CD was played all day repeatedly. There was no other stimulating activity offered to them.

People's rooms were personalised and contained mementos such as family photographs and other personal things. People had a television to watch in their leisure time. However it was not evidenced in people's records what interaction people who remained in their rooms had during the day and what kind of individual activities were planned for them. Between meal times, there were no staff evident when we walked round on several occasions and we saw little engagements with people who stayed in their rooms. As such we did not see that there were suitable arrangements in place on a day to day basis to help support people, including those who stayed in their room with stimulating activities and to help prevent social isolation

We recommend that the provider review activity provision for people using the service in line with national guidance.

There were no complaints logged. The registered manager explained this was because no complaints had been made. They told us that any concerns raised by relatives or people were immediately addressed. There was a complaints procedure and the registered manager told us how they would address complaints appropriately in the event a complaint was received. One person told us, "Any issue my wife takes it to the manager or the nurses. We have no problem. The manager is always present" and another said, "I don't know about any complaint's procedure. I have had no complaints so far." The complaints procedure was displayed in a communal area for people's and their relatives' reference. All people and relatives spoken

with found the registered manager available and approachable.

Requires Improvement

Is the service well-led?

Our findings

The provider had quality assurance systems but these were not always that effective to identify areas for improvement. During our inspection, there were missing risk assessments and we found activities were not taking place on a daily basis to ensure people lived in a stimulating environment and led fulfilling and stimulating lives. The risk assessments that were missing were in regards to some people not having call bells and there were no PEEP for people. These were immediately put into place when we pointed it out to the registered manager that these were not in place. However, the provider had not identified these through their quality assurance systems so they could put things right. In addition the checks and audits carried out by the provider had not identified that people were not engaged in activities on a day to day basis, particularly for those who chose to stay in their rooms.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a well-respected registered manager. Relatives spoke highly of the registered manager and described them as approachable. One relative whose family member had passed away prior to our inspection wrote to us following our inspection as they wanted us to know that very good care had taken place at the home and that they had found the registered manager dedicated and caring.

We were told by staff the registered manager was always available at the home. The registered manager told us she led by example. This was confirmed by a relative who told us, "Sometimes the manager does the work, she is happy to help out whenever it's needed.'' The registered manager and director encouraged staff to take pride in their work. Staff we spoke with told us they enjoyed working at the home. One staff member said, "It's enjoyable here, it is a worthy job, you feel comfortable, a nice job helping people."

We found there were good communication systems in the home. There was an open door policy and relatives' comments included, "I can come here anytime I want. The door is open. They let me in", "There is very good communication here. They keep you well informed" and "There is a great communication here. I know I can call them anytime and if there is something to tell me they always call me."

Information was shared with the staff team in three daily handover meetings. The meetings were attended by care staff, nursing staff and the registered manager. This ensured everyone was aware of people's changing circumstances. In addition information was written in people's daily notes for staff reference. The registered manager told us they held routine staff meetings and a meeting for reflection when a person passed away. They explained this was to reflect on the care given and to see if there were improvements to be made in the way they provided end of life care.

The nursing staff undertook audits included monthly checks of equipment such as the hoists and bed rails There was a new format being used for the medicines audit which seemed to be thorough and went through each person's medicines and MAR. Health and safety audits included accidents, infection control, laundry room, kitchen, and maintenance. The registered manager and director audited the care plans and

associated documents on a monthly basis to ensure reviews had taken place.

One relative told us, "The manager always asks me if everything is fine.'' People and relatives were asked their views on the quality of the care given. A survey had taken place in 2016 for professionals and relatives and a separate residents' survey had been undertaken. An analysis was done to capture and address any concerns raised.

The registered manager worked in partnership with the health professionals including the palliative care team to ensure people received all the care they needed. They also attended the provider forum arranged by the local authority and went to the registered manager's network to share good practice.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17(1)(2)(a)(b). The registered person did not always have effective systems to assess, monitor and improve the quality and safety of services provided in the home.