

Eastbourne Grange Limited

Eastbourne Grange

Inspection report

2 Grange Gardens
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Eastbourne
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Tel: 01323733466

Date of inspection visit:
24 June 2021

Date of publication:
13 July 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eastbourne Grange is a residential care home providing personal care for older people, some of whom were living with dementia. The service can support up to 25 people and at the time of the inspection there were 14 people living at the home.

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

People told us they felt safe and were protected from harm and abuse. Similarly, relatives spoke of their confidence in the service, knowing that their loved ones were safe. A relative said, "It's so reassuring to know how well she is looked after and that they are safe." Staff had been trained in safeguarding and risk management and were able to tell us the actions they would take if needed. Care plans contained bespoke risk assessments that were regularly updated and easy to access and understand. The storage, provision, disposal and recording of people's medicines was completed safely. Accidents and incidents had been reported and recorded and audits completed by the manager ensured that any lessons learned were acted on and shared with all staff. Staff had been recruited safely and we saw staff rotas that confirmed there were enough staff on duty every shift. Safety checks and reviews had been completed on fire, gas and electrical equipment.

The manager at the service had been in place for six months at the time of the inspection and had created a positive culture at the service where all people and staff had their views listened to and acted upon. Everyone spoke highly of the manager. The manager maintained oversight of the service through a thorough system of monthly audits and was quick to identify any issues and share any learning. The manager was open and honest throughout the inspection and although no formal meetings had taken place recently, there were many opportunities for people and staff to raise concerns if needed. The service had strong working relationships with other health and social care professionals.

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

Rating at last inspection

The last rating for this service was good (published 18 March 2020).

Why we inspected

This inspection was prompted by our data insight analysis which assesses potential risks at services. We received concerns in relation to the safe provision of care at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastbourne Grange on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eastbourne Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Eastbourne Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager awaiting registration with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that were involved with the service. We looked at the notifications we had received from the service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our

inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

During the inspection we spoke to five residents who used the service. We spoke with six members of staff including the manager, deputy manager, one senior health care assistant, two health care assistants and a member of the catering staff. We spent as short a time as possible at the service to safely look at different areas of the home and to meet people and staff whilst observing social distancing guidelines. It also gave us an opportunity to observe staff interactions with people. We reviewed a range of records including safeguarding, accident and incident reports and three care plans. We looked at four staff personnel files, training records and documents relating to auditing and medicines.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to four relatives and two professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and were protected from harm. People told us they felt safe. Comments included, "I feel very safe here, always have done," "They make you feel safe" and "Always feel safe." A relative told us, "I always feel she is safe there."
- We were shown a safeguarding policy that was updated and reviewed regularly. The policy was easily accessible to staff and provided a clear pathway of actions and decisions for staff to consider in the event of a safeguarding incident.
- Staff understood safeguarding and knew their responsibilities and how to report anything they felt put people at risk. Staff were able to tell us the action they would take. One staff member told us, "I would explain to the person what was happening and make them safe and comfortable. I'd then report to managers." Another said, "I know I can report to the local authority, the police and CQC if I need to."
- All staff had received training in safeguarding and equality and diversity. Staff acknowledged the importance of understanding all forms of discrimination and protecting people from abuse.
- The service had a whistleblowing policy. Staff knew about the policy and told us they were confident to use it if needed. Whistleblowing is a process where issues and concerns can be raised by staff whilst protecting their anonymity.

Assessing risk, safety monitoring and management

- The service had recently moved to a computer-based system of recording care plans. Within each care plan were risk assessments relevant to people and their specific needs. For example, a person at risk of falls had a risk assessment that showed the specific need, the level of need, planned outcomes and how to minimise the risk of falls and action to be taken in the event of a fall.
- Each risk assessment had been reviewed monthly with any causes or patterns being identified to help with minimising future risk. Following a fall, follow up actions included review of medicines, ensuring person wore appropriate footwear and using sensor mats in high risk locations, for example, the person's bedroom.
- Staff understood risk and how different risks affected people in different ways. For example, a member of staff told us, "Our risk assessments are comprehensive. Any changes are recorded within care plans and we have a chance to read these at handovers and before we start each shift."
- There had been a period of a few weeks when the lift at the service had not been working. The provider took immediate steps to get the lift repaired but this was delayed due to waiting for a spare part from abroad. During this time people whose bedrooms were on the first floor or above were offered the opportunity to be taken down to communal areas and were supported each day to do this if they wished.

- Equipment at the service had been regularly checked for safety and we saw certificates relating to the lift, wheelchairs and walking aids. Service certificates relating to gas, electricity and legionella were all in date. Regular fire safety testing had taken place and everyone had their own personal emergency evacuation plan (PEEPs) which were easily accessible.

Staffing and recruitment

- Staff were recruited safely. All background checks had been completed before staff could start working at the service. Staff files contained references, previous employment history, application forms and Disclosure and Barring Service (DBS) checks. DBS checks ensure that prospective staff do not have a previous history that would prevent them working at the service.
- The service had been through a period of high staff turnover but at the time of the inspection there were enough staff on every shift to look after people safely. We were shown staff rotas that confirmed this. Similarly, there was always a senior member of staff working and managers were either present or available to contact by phone.
- During lunchtime in the dining area, in addition to staff serving meals there was always one other member of staff present to respond to any needs or requests from people. One person required one to one support for long periods of time and we saw this support being provided throughout the inspection.
- The manager had recently appointed a deputy, a new housekeeper and new kitchen staff. Agency staff had not been used in the three months prior to the inspection. A person told us, "There have been staff changes, not the managers fault. Things are much better now; they have done so well."

Using medicines safely

- Medicines were ordered and then delivered on a monthly cycle. Medicines were stored correctly within two locked cabinets, one on each floor of the service. We were shown medicine administration records (MAR) which showed clearly which medicines had been given, the time and the name and signature of the staff member involved. MAR charts contained a code to indicate whether medicines had been administered, accepted or refused or spoilt.
- There were enough members of staff available each shift, who had been trained to provide medicines. The manager conducted spot checks, unannounced supervision of staff when giving medicines to ensure they were being given safely. Staff had regular competency checks.
- A separate protocol was in place for 'as required' (PRN) medicines. PRN medicines include for example, occasional pain relief. PRN medicine provision was recorded on people's MAR charts. Staff demonstrated an understanding of the PRN protocols. A staff member said, "I will always record on the MAR charts everything offered and provided. I'll speak to the manager or GP if in any doubt."
- Very few medicine errors had occurred and each had been recorded correctly. The manager carried out regular audits of medicines and reviews took place of medicine regimes following incidents for example, falls.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The manager had introduced a new system to record accidents and incidents. An accident and incident folder were cross referenced with details held on people's electronic care plans. Each occurrence had a 'headline sheet' which clearly stated the nature of the incident. Reports then went into detail about action taken, identifying the cause and outcome and referrals made.
- A person had a fall which resulted in a short stay in hospital. The accident report showed that the person had been referred to their GP and a request made for an occupational therapist to visit and assess the person's environment. This resulted in a non-slip chair mat and a crash mat being put in place to minimise the chance of further falls and minimise the risk of injury from a fall. The risk assessment had been fully updated and all staff had been made aware of changes through staff handovers and updates to the care plan.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

- The manager had worked hard and in a short period of time had put in place a new computerised system of care plan management and effective governance through a process of regular auditing, whilst maintaining oversight of the service.
- The manager provided a visible presence throughout the service and was approachable for staff and people. Staff spoke highly of the manager, comments included: "Very approachable," "I feel supported," "Best manager I've had" and "Can approach them with anything."
- Similarly, people told us, "There have been many changes since (manager) has arrived but all for the better." Another person said, "I have no complaints at all." A relative said, "We were concerned when the management changed but we had absolutely no reason to be." Another relative told us, "When we took mum home for the weekend, they even provided us with a wheelchair. They couldn't have been more helpful."
- When we were shown around the home by the manager it was clear that they knew people well and that they were all pleased to see them. People smiled and engaged the manager in conversation in a relaxed, friendly way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers are legally obliged to inform CQC about significant events that occur at their service. One such event was the lift not working. We spoke to the manager about this incident and why they had not informed us. The manager provided information that they were told the fault was temporary and would be mended very quickly. The manager was aware of their responsibilities and all other incidents had been reported in a timely way.
- Current CQC ratings were displayed in a communal area of the service and were clearly on view on the service website.

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

- The manager although relatively new to the service was an experienced manager and had developed the staff team, encouraging an atmosphere of mutual support and a caring and supportive attitude towards people. This was reflected in what we were told. A person said, "Staff are good, really supportive." Another told us, "The manager is really good, I get help whenever I need it."
- Similarly, a relative told us, "The staff are really nice. The manager is always very easy to talk to and so

helpful." A professional said, "The team do a great job, everyone is happy."

- The manager had recruited several new members of staff including staff appointed to supervisory positions to provide resilience. This included a deputy manager.
- Staff were aware of their responsibilities. There was a friendly, supportive atmosphere at the service with the manager endorsing an open-door policy, making themselves available to staff and people at all times. There were managers and supervisors available on every shift to provide advice and support.
- The manager kept oversight of all key aspects of the service by conducting monthly audits. For example, accidents, incidents, hospital admissions, training, infection prevention and control measures, were all subject to monthly scrutiny and we were shown documentation supporting this. The manager identified issues and trends and ensured that all staff were updated and took action where required. For example, a cleaning audit identified that not all areas were being cleaned thoroughly every day. As a direct result the manager recruited additional cleaning staff.

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

- The manager was aware of the importance of seeking feedback from people, their loved ones, staff and professionals.
- The manager told us that they had staff and resident meetings planned but that there had not been any recent meetings. However, it was clear that both staff and residents had opportunities to speak to the manager and provide feedback or discuss any issues they wanted. A staff member said, "I feel supported and guided all of the time. I can ask questions whenever I need to." Another told us, "I have regular one to one meetings where I can raise and discuss anything. (Manager) always wants to hear my views."
- Staff personnel files recorded supervision meetings and confirmed that they had been held regularly.
- The manager told us that every day they spoke to each person and it was clear throughout the inspection that they knew people well and that people were happy to talk with them. A person said, "We don't have meetings at the moment but we are always asked about things." A relative told us, "They keep me informed. I can raise issues. The comms are brilliant."
- The culture at the service was inclusive with people's equality characteristics being explored and promoted. People were encouraged to talk about their culture, faith and background during the pre-assessment and were supported whilst living at the service. A person told us, "I used to go for walks and to church but I prefer now to stay here. Before lockdown the vicar came here but now, I'm helped to join the service each week through zoom."
- We were shown a compliments folder containing several cards, letters and e-mails from relatives and loved ones, all of which describes the positive care and support provided by the staff at the service.

Continuous learning and improving care

- The manager demonstrated a clear vision for continuous improvement of the service. Since taking over six months ago they have prioritised improvements to the service according to risk and had overseen the introduction of a computerised care plan process. Accident and incident management and auditing had all been reviewed and improved.
- The manager kept up to date with guidance from Public Health England, the local authority and CQC and made sure all the latest government guidelines relating to the COVID-19 pandemic were being followed. The manager attended registered manager forums where best practice and learning were shared. Headline information would be fed back to staff where relevant.

Working in partnership with others

- The manager had established strong working relationships with statutory partners and professionals, for example, the local GP surgery, the community nursing team and occupational therapists. A professional told

us, "We work well together, never had any issues or complaints."

- The manager looked for opportunities to work in partnership with others to improve the health and well being of people. Long standing arrangements were in place for chiropodists, hairdressers and physiotherapists.