Mrs H Haddow

Eridge House Rest Home

Inspection report

Eridge House
12 Richmond Road
Bexhill On Sea
East Sussex
TN39 3DN

Tel: 01424214500

Date of inspection visit:
26 August 2016
30 August 2016

Date of publication:
17 October 2016

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Eridge House Rest Home is registered with CQC to provide residential care for up to 43 older people. At the time of the inspection there were 39 people living at the home.

People's level of care and support needs varied. Some people were independent and required guidance and prompting from staff, many went out alone regularly or with friends and family, whilst others required assistance with all care needs and remained in bed or in their rooms.

This was an unannounced inspection which took place on 26 and 30 August 2016.

At the last inspection undertaken on the 22 and 23 June 2015 we asked the provider to make improvements in relation to the safe administration of medicines, and clearer documentation around people's care and support needs.

The provider sent us an action plan stating they would have addressed all of these concerns immediately after the inspection. At this inspection we found the provider was meeting these regulations, however some further areas were identified that were required to be improved.

Eridge House Rest Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 manager was in day to day charge of the home. People spoke highly of the home and the way it was run. And staff told us that they felt supported.

Medicine administration, documentation and policies were in place, medicines were stored safely. However, we have made a recommendation about the management of some medicines.

Notifications had not been completed for all notifiable incidents and accidents. These were reported to the local authority before the end of the inspection. We have made a recommendation to ensure all notifiable incidents are reported correctly.

There was no designated domestic staff to carry out cleaning at the home. This was currently being done day to day by care staff. We identified some areas of the home needed attention to ensure cleaning was thorough and complete.

Staff felt that training meant that they were able to meet the needs of people living at Eridge House. Staff received regular supervision and some had worked at the home for many years. Staff were able to tell us about people's needs. People told us they liked living at Eridge House as it was a homely environment.

Staff demonstrated an understanding around safeguarding and were able to tell us how they would report any suspected abuse. People were involved in day-to-day choices. All staff and management had an understanding of Mental Capacity Assessments (MCA) and Deprivation of Liberty Safeguards (DoLS). Although no DoLS were currently required.

Recruitment systems were in place and staff told us staffing levels were appropriate to meet people's needs. A training programme was on going to ensure staff were appropriately trained to support people appropriately.

Risk assessments had been completed, this included fire safety and evacuations plans. There were systems in place to assess and monitor the service. This included auditing and feedback from people. Findings were analysed and used to make improvements to the day to day running of the home.

People's nutritional needs were met. People had a choice of meals provided and staff knew people's likes and dislikes. People gave positive feedback about the food and the registered manager had introduced new meals when this had been requested in feedback questionnaires.

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

Eridge House rest Home was making continued improvements.

There was no cleaner employed at the home. Some areas required attention to ensure they remained suitably clean; this included communal areas, some ensuite facilities.

We have recommended that guidance is sought to ensure all medicine procedures follow best practice guidelines at all times.

Staff felt staffing levels were appropriate to meet people's needs.

Risks had been identified and an evacuation plan was in place to ensure safe evacuation in the event of a fire or emergency.

Staff had an understanding of how to keep people safe from abuse and how this should be reported.

Is the service effective?

Good

The service was effective.

Staff had knowledge and understanding of MCA and DoLS. People were involved in day to day decisions about their care and how they spent their time.

There was a choice of meals and alternatives available for people. People who needed assistance at meal times had this provided.

Staff felt supported and told us they received appropriate training and supervision.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Relatives were complementary about the care provided by all staff.

People were encouraged to make their own day to day choices and had their privacy and dignity respected.

Relatives were made to feel welcome in the service.

Is the service responsive?

Good

The service was responsive.

Care records were personalised and included information about people's backgrounds and specific health needs.

A varied activity programme was provided.

Care plans had been written for people's identified care needs. Care plans and risk assessments were regularly reviewed and updated.

A complaints procedure was in place. People told us they would be happy to raise any concerns if they needed to.

Is the service well-led?

Requires Improvement

The service needed to make further improvements to well–led

Notifiable accidents and incidents had not been referred to CQC or the local authority.

Some further improvements were needed to quality assurance to ensure any environmental issues were identified appropriately.

Staff felt supported and everyone spoke positively about the registered manager.

Eridge House Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection which took place on 26 and 30 August 2016 was unannounced and was undertaken by two inspectors.

The last inspection took place in June 2015 where two breaches of regulation were identified.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and information CQC held about the service. We also reviewed information that has been shared with us by the local authority and quality monitoring team.

We observed care in the communal areas and throughout the home, including how people were supported during their meals.

We spoke to six people living at Eridge House, two relatives and five staff. This included the registered manager and care staff working at the home during the inspection.

We spent time looking at care records and case tracked three people. This is when we look at care documentation for that person to get a picture of their care needs and how these are met. This included one person who had recently moved into Eridge House. We also looked at documentation in two further care plans to follow up on specific areas of care including risk assessments and associated daily records.

Medicine Administration Records (MAR) charts and medicine storage and administration were checked and we read diary and handover entries and other information completed by staff. We reviewed three staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Eridge House. Comments included, "It's reassuring to have my bell when I am in my room, I know if I need anything I use it and someone will come and help me." And, "I am always anxious but staff are here to help me." Relatives also felt that people were looked after and staff were always around to provide support if needed.

At the last inspection on 22 and 23 June 2015 we asked the provider to make improvements in relation to the safe management and storage of medicines to ensure all medicines were administered safely and appropriately. The provider sent us an action plan stating this would be addressed immediately. At this inspection we found that these improvements had been made and the home was meeting this regulation. However, some further areas required time to become fully embedded into practice.

Some areas of documentation needed to be reviewed. For example, handwritten entries on Medicine Administration Records (MAR) charts should be countersigned to ensure that they have been documented accurately and the documentation of PRN or 'as required' medicines must be clear and demonstrate a rationale behind any decisions made.

We recommend that the service consider current guidance on the administration and documentation of prescribed medicines and take action to update and review their practice accordingly.

We observed medicines being given to people and saw that staff followed correct procedures to ensure this was done safely. People were offered 'as required' or PRN medicines for pain relief and PRN protocols were in place to advise staff what the medicine had been prescribed for and the safe dosage. Medicines were stored in locked medicine trolleys or in locked cupboards in the medicine room. Stock items and those requiring refrigeration were locked in an allocated fridge within the medicine cupboard. Daily temperature monitoring had taken place to ensure medicines were stored appropriately.

Medicines were administered by trained care staff. MAR charts were completed after medicines were given to reflect they were administered in accordance with individual prescriptions. When people refused or declined medicines this was recorded. MAR charts included individual information and photographs to support safe administration including information about allergies.

Staff told us that the previous cleaner had left employment prior to the inspection. The registered manager told us they had not yet been able to recruit to this post. Interim measures in place meant that care staff had taken over the daily cleaning tasks around the building and staff said they only had time to do what was immediately necessary. For example cleaning toilets, emptying bins and hoovering. We found some areas of the home which required a more thorough clean to ensure they were maintained to an acceptable standard. This included dust and cobwebs in communal rooms and hallways. Cleaning of shower heads, baths, toilets, sinks and floors in communal bathrooms and toilets. We showed the areas that needed attention to the registered manager during the inspection, who confirmed they would respond to this immediately. People said they were happy with the way the home was maintained, and relatives told us they found the building

to be homely and they had no cleanliness concerns. We identified the areas found during the inspection to the registered manager and we were reassured by them that these would be rectified immediately and cleaning staff would be sought to ensure standards were maintained.

The building was shortly having work completed on the roof and there were plans for on-going improvements. The registered manager told us there were plans to refurbish some bathrooms and further areas of the home.

Risks to people's health and safety had been identified and included in their care planning documentation. This included environmental risks and people who were at risk of pressure area damage, specific health related conditions and information regarding peoples mental health needs. Fire evacuation procedures were in place along with individual evacuation plans for each person living in the home.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the home. This included application forms and interview records, confirmation of identity, references and police checks. We found that it was unclear when people had completed the probationary period and what systems were in place to review when people were deemed competent. We discussed this with the registered manager who told us they made a decision about staff on an individual basis but did not document this. This was amended during the inspection and we were reassured by the manager that all checks would be documented in future to evidence that people had successfully completed their probationary period.

All staff within the service had received safeguarding training on a regular basis. Staff had a good understanding of their responsibilities in relation to safeguarding people in order to protect them from the risk of abuse. They were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the registered manager, all staff confirmed that the registered manager was on call when not available at the home and they would contact them if they had any concerns. The local authority contact information was displayed in the office and safeguarding policies and procedures available.

Staff felt that there were enough staff to ensure people received the care and support they needed. Staff worked an on-going shift pattern so they always knew their working days. When staff took annual leave or were sick, other staff picked up the shifts. The registered manager told us they sometimes worked a shift providing care to support staff, and this also gave them the opportunity to carry out observations and ensure care was being provided to meet people's needs.

Good

Is the service effective?

Our findings

People were supported and encouraged to be involved in decisions and choices. People told us they spent their time how they chose and a number of people were seen to go out alone or with friends/relatives during the inspection. We saw that people were given choices and involved in day to day decisions about what they wore, what they ate and how they spent their time. One told us, "I get up when I feel like it, normally quite late, and I come down for lunch, then I normally go out for a while, unless there is something I want to do here." Relatives told us, "They look after Mum really well, she is not able to tell them what she wants, but they know her and spend time with her making sure she has everything she needs."

Staff received regular training and told us they felt they received appropriate training to meet the needs of people living at the home. Staff received regular supervision, this was provided by the providers mother, who met with staff and this information was fed back to the registered manager. There were currently no annual appraisals carried out by the registered manager to ensure they had opportunity for formal discussion and oversight of staff. We discussed this with the registered manager who told us they would review this to ensure they had the opportunity to meet with staff to ensure any areas for development or feedback were facilitated.

When new staff began work at Eridge House there was minimal information in place regarding a formal induction process. Currently the registered manager spent time with new staff and a check list was completed, minimal information was documented although we were told checks on competency took place. The registered manager implemented further documentation during the inspection to ensure all checks and reviews were documented.

People were actively involved in decisions about their care. Staff asked for people's permission before giving support, and were clear that they would always include the person in any day to day decisions. We observed staff speaking to people and involving people in decisions. For example, people were reminded what activity was going to take place, invited to come to the dining room for lunch or asked where they would like to sit in the communal lounge.

People living at Eridge House had capacity to make decisions about their care and welfare. The manager had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. Staff also demonstrated an understanding of MCA and its aims to protect people who lack capacity and when this might be required. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. No-one currently living at Eridge House had a DoLS application in place. People's mental health and wellbeing was assessed and the registered manager was aware when best interest meetings and decisions may be required to support any decisions made regarding people's safety and welfare.

People were supported to have access to healthcare services and maintain good health. We saw that people were supported to attend appointments and GP visits were requested when people became unwell. Some

people had visits from a community nurse, and the home liaised with the community mental health team and other associated healthcare organisations involved in people's care.

Eridge House had a dining room on the ground floor. People chose whether to eat in the dining room, the main lounge or remained in their rooms if they wished. Menus were available and people told us they were asked for their meal choices and provided with alternatives if they did not like something on the menu. Feedback was sought from people regarding the meals to ensure that menus could be updated accordingly. Everyone we spoke with told us they enjoyed the meals.

Staff assisted people with meals and drinks throughout the day. Staff sat with people at mealtimes to support and encourage them. We saw that dietician involvement was on going for some people and there was information recorded when people had been identified as having a poor appetite. Kitchen staff were aware of people's specific dietary needs for example diabetic, allergies, fortified and soft dietary needs. People who ate in their rooms and required assistance with their meals had this provided. Relatives told us that staff sat with people at mealtimes and ensured they were able to eat well.

Good

Is the service caring?

Our findings

People we met spoke positively about staff and the registered manager. We were told, "They are lovely, very patient when you need help, always very kind." And, "They are nice, they try hard to get me to go and do things, they nag in a nice way to try and get me out of my room, they care a lot." Relatives felt that they were kept informed of any changes and told us, "They treat her as an individual with a huge amount of dignity and respect." One relative said, "I pop in and out and I am always happy with everything, she is safe and well looked after here."

We saw positive examples of the way staff interacted with people. For example, when staff passed people they stopped to chat asking, "Are you comfortable, do you need anything, are you sat far enough back in your chair?" And, "You look lovely in that skirt, such a pretty colour that's my favourite skirt on you it really suits you." Staff were aware of the importance of promoting people's independence whilst supporting them to make decisions. We observed staff assisting people in communal areas and this was unhurried and done with patience. When people were going out staff ensured they were ready in time and had everything they needed. Staff reminded people to sign out and checked whether they needed a meal saved on their return.

Many people were independent with personal care. Those who required help or assistance were supported to maintain their personal and physical appearance in accordance with their own wishes. People were dressed in clothes they preferred and in the way they wanted. Relatives told us, they keep people looking nice, people's hair is always brushed, and even though people may not go out they take care with their appearance.

Relatives told us they were made to feel welcome and encouraged to visit at any time and were involved in all aspects of their loved ones care provision. The registered manager told us that relatives were reminded that it was an 'open door' policy when they needed to speak to her or any of the staff. We saw that relatives popped into the registered manager's office to say hello, check on small things and just to catch up.

When people were anxious staff responded positively with kindness and patience. One person told us about a specific incident that had occurred and how kind staff had been. Another person who had not been living at Eridge House Rest Home very long was feeling anxious in the new surroundings. Staff checked they were ok and popped in to speak to them regularly. Staff were aware it takes time to settle into new surroundings and offered support to the person and their family.

The registered manager told us that it was important to remember that Eridge house was people's home. Notices displayed around the home reminded staff, 'Our residents do not live in our workplace we work in their home.' This was a message staff told us they always tried to remember when offering support or assistance to people.

People's rooms were their private area; staff knocked before entering and took care of people's personal belongings. Personal information was stored in care folders in the main office and staff were aware of the importance of protecting people's personal information. Any conversations regarding people's care were

done privately and telephone calls to peoples GPs were made from the office to ensure personal information was not shared in communal areas.

Good

Is the service responsive?

Our findings

Relatives told us that Eridge House Rest Home was responsive. One relative told us, "Mum gets a lot of care and attention. The staff liaise with the nurses who visit Mum regularly. If there is anything new they let the nurses know." And, "It's so nice and homely here, people really see it as their home which is right, Mums health has been up and down, they always respond and deal with everything to make sure she can do things how she wants, they keep her independent." We saw that when people had changes to their health GPs and other healthcare professionals had been contacted this showed the home had responded to any changes.

At the last inspection on 22 and 23 June 2015 we asked the provider to make improvements to ensure changes to people's care were clear and care documentation updated accordingly. The provider sent us an action plan stating this would be addressed immediately. At this inspection we found that these improvements had been made and the home was meeting this regulation.

The registered manager had worked to make improvements to the way care was documented. This included more person centred information about people and their specific health needs. And information was included about people's lives and background and how they wanted their care to be provided. There was a clear system in place to assess and review care needs. Care files included personalised care planning and risk assessments. Information had been sought from people, their next of kin or significant people involved in their care, many of which had been signed by the individual to show that the decision had been discussed with them and was based on their individual needs. For example, whether people wished to have night checks carried out by staff. Care plans and daily records included information about the person's choices. For example, what time they liked to go to bed, or get up in the morning. Some daily records were more person centred and included information about people's mood and behaviours, and some were more task orientated. The registered manager told us they were continuing to work with staff to improve the standard of daily records to ensure they were more person centred.
People with specific health needs had information in the care plans to inform staff how to provide effective care, for example catheter care or diabetes. Staff had received training to be able to support people and information around how to provide care for this person was included in their care file.
Eridge House Rest Home did not have designated activity staff. However, visiting entertainment was scheduled each week. This included, music and singing, pet pals, exercises and armchair activities and bingo. In house activities had included celebrating the Queen's Birthday making hats and bunting. Many people went out regularly and everyone we spoke with told us that there were enough activities provided to keep them busy. One person liked to stay in their room but told us, "It's my choice, I have regular visitors and watch my television, I'm not a sociable person, this is how I like it." Others told us "I enjoy the bingo as we get prizes, and the singing is always good." And, "I knit a lot so I go out to buy wool and look for things I can make." There was a religious ceremony held at the home and people were able to attend for communion if they wished. Relatives told us, "There is plenty going on if people want to participate, many people are busy themselves anyway, but for those who want to its there."
A complaints policy and procedure was in place and displayed in the home. There was opportunity for people to give feedback and all staff were reminded that if any issues were raised with them they would ensure the registered manager was aware and steps would be taken to address concerns. The registered

manager told us they had an 'open door policy' and we saw that people and relatives came to speak to them in the office when they visited. People and relatives were clear they had no concerns but if they did they would be happy to raise concerns and would speak to staff or management if they needed to.

Requires Improvement

Is the service well-led?

Our findings

Everyone told us that Eridge House provided a homely environment for people. People told us that it was their home and they felt that it was managed well. Relatives spoke highly of the registered manager and the overall culture within the home.

Despite this positive feedback we identified during our case tracking of people living at Eridge House that some notifiable incidents had not been referred to CQC or the local authority since the previous inspection. This included a health related concern for a person living at the home, and two injuries to people which should have been referred to the local authority safeguarding team. The registered manager was unaware of this and responded promptly by contacting the local authority before the end of the inspection.

To reduce any further risk we recommend that the service consider current guidance on the reporting of accidents/incidents and significant events and take action to update and review their practice accordingly.

Since the last inspection a number of positive changes had been implemented and it was clear that improvements had been made. However some further areas needed to be included in the homes quality assurance programme to ensure all areas of the home were incorporated into the quality assurance systems. For example, a more thorough infection control audit. There was a system in place to assess and monitor the quality of the service. This included care plan audits, analysis of accidents/incidents to identify trends to continually improve how care was delivered safely. The home were also working with the local quality monitoring team to ensure all documentation was improved to the required standard.

The registered manager had made positive changes to many areas of documentation since the last inspection. However, a few areas needed further development to ensure they covered all aspects of people's needs and any changes to their health. The registered manager introduced extra areas for completion on the accident/incident form and body maps during the inspection to ensure this took place. When an incident occurred later during the inspection the information was documented clearly and thoroughly using the new areas on the form.

No structured staff meetings had taken place; staff felt that communication was good so the impact of this was reduced. However, due to a lack of management input in the supervision process it was unclear how the registered manager maintained management oversight of all staff and provided an open forum for information sharing. We discussed this with the registered manager who told us they would discuss the immediate implementation of staff meetings with the provider.

We looked at the staff handover book. The last entry was the 19th August 2016. The registered manager told us that this was only used when there was a significant change to record. However, we found that since the previous entry significant changes had taken place which had not been recorded. It was therefore unclear if this information had been shared in handover. For example, one person had displayed a high level of anxiety throughout the inspection and this information had not been written in the handover book. Staff told us this had been discussed during handover, but not documented. Therefore the impact was reduced as staff knew

people well. This was an area that needed to be improved to ensure all relevant information was documented and shared with staff on a daily basis.

The registered manager worked full time at the home. They were clearly aware of their responsibilities to ensure people received safe and appropriate, and a senior member of management was on call at all times. The provider visited the home regularly and the registered manager told us they found the provider supportive.

Staff felt that they were part of the team; many had worked at Eridge House for a number of years and told us they enjoyed their role. Telling us, "Its team work, we all help each other, the manager is approachable and will respond and act on anything if it needs it." And, "If you have any concerns they are dealt with."

Staff received regular supervision and told us that they felt supported and could speak to the registered manager at any time if they had any concerns.

Feedback was sought from a variety of sources. This included a different questionnaire each month to ensure a different level of feedback. For example, one month feedback was sought from residents, then relatives and another month from visiting professionals. These questionnaires covered activities, meals, and general feedback on care and service provided. All information received was analysed and changes made if required. For example the menu and meals information included that one person would like fish fingers, and these were added to the menu.

Policies and procedures were available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. The registered manager had an understanding around 'duty of candour' and the importance of being open and transparent and involving people when things happened. The registered manager told us that they were always keen to learn from incidents to improve future practice.