

Mr Mukesh Patel

Eaton Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eaton Lodge Nursing Home is a care home providing personal and nursing care to 21 older people some who may be living with dementia at the time of the inspection. The service can support up to 24 people in one large adapted building.

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

People told us they felt safe and the staff were kind and caring towards them. Staff knew how to protect them from discrimination and abuse.

Potential risks to people's health and welfare had been assessed. Staff were provided with guidance to mitigate the risks. People's care plans had improved and now contained information about people's choices and preferences. People told us they were supported in the way they preferred. People had been asked about their end of life wishes.

There were enough staff to support people safely, regular agency staff covered any shortages and knew people well. Staff had been recruited safely and checks were completed to make sure nurses had maintained their professional registration.

Medicines were managed safely, and people received them as prescribed. Accidents and incidents had been analysed and appropriate action had been taken to stop them happening again.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was clean and hygienic. Staff were following government guidance and wearing appropriate personal protective equipment. People and staff were being tested for Covid-19 as required by national guidance.

A new manager was in post; they had started their registration with the Care Quality Commission (CQC). Checks and audits had been completed. When shortfalls had been identified, an action plan had been put in place to make sure they were rectified.

People had been asked for their opinion about the service. Staff attended regular meetings and were asked for their opinions and suggestions. The manager had investigated complaints when they had been raised.

People were supported to maintain relationships with their friends and family. People were given information in a way they could understand.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 19 September 2019). An IPC inspection was completed on 30 November 2020 (published 24 December 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted by our data insight that assesses potential risks at services, including the previous rating of requires improvement.

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.

We carried out an unannounced comprehensive inspection of this service on 5 August 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eaton Lodge Nursing Home 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 responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our responsive findings below.

Eaton Lodge Nursing Home

Detailed findings

Background to this inspection

The inspection

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

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 undertaken by one inspector.

Service and service type

Eaton Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. There was a manager in post who had started the process of registration. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection

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

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse and discrimination. The manager understood their responsibility to report any concerns to the local safeguarding authority.
- Staff knew how to recognise signs of abuse and how to report any concerns they may have. Staff were confident the manager would take appropriate action if they reported concerns. Staff understood the whistleblowing policy and knew the outside agencies they could speak to if people were at risk.
- People told us they felt safe living at the service. One person told us, "I feel so safe here, they help with my anxiety and stress."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Potential risks to people's health and wellbeing had been assessed. There was detailed guidance and risk assessments in place for to mitigate the risks. Some people were living with diabetes, there was information about the signs and symptoms people might display when they were unwell. There was guidance about the action to take if people were unwell and what people's blood sugar levels should be. Nurses had contacted the GP when people's blood sugar was raised, and their medicines had been reviewed and their blood sugars returned to the required range.
- When people required equipment, such as a hoist, to move around, there was detailed guidance for staff. This included the type of equipment and sling to use and how to position the sling to move people safely. Some people used paraffin creams, and these can be flammable. There were detailed risk assessments in place to reduce the risk of burns including how often to wash bedding and clothing.
- Some people were at risk of their skin breaking down, specialist equipment such as pressure relieving mattresses were used. When people had wounds, these were assessed by nurses and treated following current guidance. Nurses had completed documentation accurately and wounds had improved.
- Risks within the environment had been assessed. Regular checks had been completed on the equipment used by people. Checks had been completed on fire equipment. There were personal emergency evacuation plans for each person, to make sure people could be evacuated safely.
- Accidents and incidents had been recorded and analysed to identify any patterns. Action had been taken to reduce the risk of them happening again. This included putting extra measures in place to reduce falls.

Staffing and recruitment

- Staff were recruited safely. There were effective systems in place to recruit staff, checks were made to make sure staff were suitable to work with people. Staff completed an application form with a full employment history and references about their conduct in their previous employment. Disclosure and Barring Service (DBS) checks were made before staff began work at the service. DBS checks identify if prospective staff have a criminal record or were barred from working with adults. Nurses registration with

the Nursing and Midwifery Council had been confirmed to check they had maintained their qualification.

- There were enough staff to meet people's needs. The manager reviewed the staffing level as people's needs changed or more people came to live at the service. Staff vacancies were covered by regular agency staff. One agency carer told us, "I work here all the time and I received an induction to make sure I knew the layout of the service." We observed agency staff supporting people in the way they preferred. Staff told us they thought there was enough staff and they had time to spend with people. One person told us, "They come when I need them."
- All staff had been fully vaccinated against Covid-19 in line with current requirements. Staff were currently receiving their booster vaccinations.

Using medicines safely

- Medicines were managed safely. Nurses administered people's medicines, they received refresher training and their competency was checked.
- There were systems in place to order, record and store medicines safely. Medicine administration charts had been completed accurately. Handwritten instructions had been signed by two staff to confirm they were correct. Some people were prescribed medicines on an 'as and when' basis such as pain relief. There were protocols in place about when to give the medicine, how often and what to do if it is not effective.
- Some medicines have specific storage and administration requirements; these requirements had been followed by staff. There were charts in place to show where pain patches had been placed. This reduced the risk of skin irritation when patches are placed in the same position. Room and fridge temperatures were recorded to make sure medicines were stored at the correct temperature to remain effective.

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.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

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

At this inspection enough improvement had been made and the provider is no longer in breach of regulation 17.

- Previously, care plans did not reflect the care and support people were being given. At this inspection improvements had been made. Care plans now contained details about people's choices and preference including their routines. There were details about what people liked to wear such as skirt or trousers or pyjamas at night.
- People's night-time routines were recorded such as when they turned the television off and the drinks they preferred. People who had transferred from other care homes had maintained their routines and had settled in well. One person told us, "They know what I like and follow that."
- Care plans had been reviewed and updated when people's needs had changed. The manager told us care plans were in the process of being developed further to contain more information. We reviewed one of the new care plans and the document did contain more detail and information.

Meeting people's communication needs

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

- People were given information in formats they could understand. This included pictorial and large print. The manager had identified the need for documents including Covid-19 guidance and menu's to be in pictorial format. This had been completed.
- Staff knew and understood how people communicated. They responded appropriately with pictures or providing written information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were able to book visits; visitors were present during the inspection. Visitors were seen spending time with people in their rooms. People were also supported to join in video and phone calls. One relative told us, the tablet to enable this had been lost recently. They had informed the new manager when they started at the service. The manager had found the tablet and was in the process of putting the system back in place.
- People had been supported to be as independent as possible and spend time in the community. One person told us how they were able to go out in their electric wheelchair and call staff on their phone if they had an issue. They had been involved in developing the risk assessment and agreeing to the processes to keep them safe.
- People were supported to follow interests and hobbies they enjoyed. There was a new activities co-ordinator in post who was developing their role. The manager told us activities was an area that would be focused on to continue with improvements.

Improving care quality in response to complaints or concerns

- The provider has a complaints policy, this was available in the main reception, in pictorial format and in people's rooms.
- When complaints had been received, these had been recorded and investigated following the provider's policy. When the complaint investigation had been completed appropriate action had been taken and changes made.

End of life care and support

- People were asked about their end of life wishes. When people knew their wishes and were happy to discuss these were recorded. People were referred to their GP when they became more poorly to make decisions about their future care.
- Nurses worked with the GP to make sure people had the medicines they needed to remain comfortable.

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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a new manager in post, they had joined the service in October 2021. They are an experienced home manager and had started the process of registering with the Care Quality Commission (CQC).
- The provider had continued to improve their oversight of the service, they visited the service weekly speaking to people and staff. An audit was completed by an outside consultant. The audit identified shortfalls and an action plan had been developed. The manager had started to work through the areas identified and had made improvements such as providing signage to support people with dementia.
- Services are required to inform the CQC of important events that happen within the service. The service had submitted notifications in an appropriate and timely manner in line with guidance.
- Staff told us they were confident in the new manager and nurses who had started work at the service and felt supported by them.

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

- People told us; they were supported to be involved in developing their care plans. One person told us, "The staff talked to me about how I was could be helped to go out and kept safe. I am so happy to be able to go out."
- Staff told us, they got to know people well and this helped them to maintain and promote a person-centred approach. The manager had a vision to develop the service by appointing champions. These are staff who will be the leads in promoting aspects such as dignity, medication and end of life.

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; Working in partnership with others

- Relatives told us the change in managers over the last year had affected communication. One relative told us, "The previous manager had not been good at talking with us." The new manager was aware of this and had made a point in meeting relatives when they came to visit.
- The manager had been open and transparent when issues had been raised through complaints. They had responded to concerns and kept people and relatives up to date with progress and honest if the service had been at fault.
- The manager worked with other healthcare agencies to resolve issues when they occurred. They followed any guidance and provided the agencies with regular updates.

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

- The manager had conducted a resident survey. The analysis showed people were mainly happy with their care. The most positive responses were around privacy and dignity, personal care and medicines.
- Resident meetings had not been held in the past year; the manager understood the importance of involving people in the development of the service. They were developing plans for future meetings with the new activities co-ordinator.
- Regular staff meetings were held. These meetings covered all areas of the service, including infection control, activities and how the manager planned to improve the service. Staff were invited to make comments and suggestions.