

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:
29 November 2022
05 December 2022

Date of publication:
16 December 2022

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

Eridge House Rest Home is registered to provide personal care and accommodation for up to 43 older people. At the time of the inspection there were 37 people living at the service. The service provides care to older people, people with conditions affecting their mobility, general frailty and medical conditions such as diabetes and renal failure.

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

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to support people safely. People told us, "I feel safe here, staff are really wonderful here." People had care plans and risk assessments which meant peoples' safety and well-being were promoted and protected. The environment was clean, well-maintained and comfortable. Visitors told us, "Always a lovely smell of home cooking and its very clean." There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service. Accidents and incidents were recorded, and lessons learnt to prevent re-occurrences.

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.

There was an effective management team at Eridge House which provided good leadership for staff and they communicated effectively with people, relatives and health professionals. The management team were approachable and available to people, staff and visitors. Staff were positive about their roles and felt valued for the work they did.

People who lived at the service, their relatives and staff were encouraged to give their views and these were listened to and acted upon by the management team. People and their relatives felt able to raise any concerns they had and were confident they would receive an appropriate response.

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 28 June 2018)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good and 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 Eridge House Rest Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Eridge House Rest 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 Health and Social Care Act 2008.

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 team consisted of one inspector.

Service and service type

Eridge House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eridge House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location as the registered person is not in day to day charge of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

The provider had completed a Provider Information Return (PIR) prior to this inspection (April 2022). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 3 family members about their experience of the care provided. We also spoke with eight members of staff, including the managers, housekeeper, and a selection of care staff. We reviewed five people's care plans, risk assessments and medicine records. We also reviewed 4 staff records in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed. The second day was dedicated to talk to staff, people and to visitors who wished to be involved in the inspection process.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was undertaken in the communal lounge. Following the site visit we continued to seek feedback from families and health 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 Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had ensured people were protected from abuse and improper treatment. Staff knew their responsibilities to safeguard people from abuse and discrimination. Staff were aware of signs of abuse and knew how to report safeguarding concerns. They were confident the management team would address any concerns raised and would make the required referrals to the local authority.
- People told us they felt safe. Comments included, "I feel very safe here, the staff are really kind and attentive," and "I feel safe." Visitors said, "Staff seem to be on the ball, very vigilant, I know that any kind of abuse would immediately be picked up and dealt with."
- Staff told us, "We get training regularly, it is really in depth and we discuss safeguarding procedures at meetings," and, "If I felt someone was at risk, I wouldn't hesitate to raise a concern, our residents are our responsibility, I take it very seriously."
- There was a safeguarding and whistleblowing policy in place, which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed they had read the policies as part of their induction and training.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and reviewed. The provider used a computerised care system. The care plans had individual risk assessments which guided staff in providing safe care.
- Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken and regularly reviewed to minimise and prevent the risk of harm. For example, staff had requested a pressure relieving mattress for one person who was at risk from pressure damage due to their low weight and general frailty.
- Risks associated with sensory loss had been identified and planned for. For example, there was guidance for staff on how to ensure that furniture and personal items were kept in a particular place in their room to aid independence and prevent falls and injuries.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan.
- Health and safety checks had been completed to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. Hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty, for example, sensor mats beside people's beds to alert staff they were up and at risk from falls.
- The management team had made DoLS applications and had systems in place to track expiry dates and conditions.

Staffing and recruitment

- There were enough staff to keep people safe. People received care and support in an unrushed personalised way. Comments from people included, "There are always staff when I need help," and "I am more than happy." Rota's confirmed staffing levels were stable, and the skill mix appropriate. For example, there was always a medicine giver on each shift.
- The managers monitored the call bell system. They looked for trends or poor response to call bells and action had been taken when required. For example, looking at staff deployment and skill mix. Calls bells were responded to promptly by staff during the inspection.
- New staff were safely recruited. All staff files included key documents such as a full employment history, two references and a Disclosure and Barring Service (DBS) check.

Using medicines safely

- Medicines were stored, administered and disposed of safely.
- We asked people if they had any concerns regarding their medicines. One person said, "No, not at all, I trust them, they know what they are doing," "I just trust them, never let me down," and "I don't have any worries." A visitor said, "I am involved in my loved ones' medicine reviews and staff keep me informed of any changes."
- All staff who administered medicines had the relevant training and competency checks which ensured medicines were handled safely. Staff who were giving medicines to people wore red aprons to ensure they were not interrupted, which was in place to reduce potential of any errors with medicines.
- People had their medicines administered on an 'as required' basis and there was a protocol to support this, which described the circumstances and symptoms of when the person may have needed this medicine.
- Medicine audits were completed on a daily and monthly basis. The manager reviewed and analysed the findings of the audits to ensure they could take action which may be required to keep people safe.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

At the time of the inspection there were no restrictions for relatives and loved ones visiting people.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents and accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and Care Quality Commission (CQC).
- Staff took appropriate action following accidents and incidents to ensure people were safe and this was recorded. For example, one person had had an unwitnessed fall in their bedroom. Staff looked at the circumstances and ensured risks such as trip hazards were identified and rectified. As a result, a sensor mat had been placed in the person's room which meant staff could support the person safely when up and walking.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent actions identified were shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

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 Good. At this inspection this key question has remained 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

- There were two managers in post at time of our inspection, who were in the process of registering with the CQC. They were working together to ensure there was effective oversight and governance at the service.
- There were systems and processes to assess, monitor and improve the quality and safety of the service provided. Quality assurance processes had been developed to consistently drive improvement. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.
- The management demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.
- The management structure supported staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism.
- Staff felt supported and told us they received support and guidance they required it. One member of staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge. One staff member said, "I feel settled and really enjoy working here, the [people] are special."

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

- The management team worked well together and were open and transparent with people, their loved ones and staff about any challenges they had faced. This showed in the atmosphere in the home and in the attitude of staff with people, visitors and with each other. Everyone was encouraged to work together to find solutions.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- The rating awarded at the last inspection was on display at the service entrance and on the provider's website.

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

characteristics

- The management team were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys had been sent out to relatives and professionals yearly. Results of these had been collated and actions taken in response to comments. The actions were shared with people, visitors and staff. We saw an activity survey had been completed in July 2022. We saw suggestions regarding activities were taken forward. For example, people had requested flower arranging and this was put in place.
- Staff told us they were involved with regular staff meetings where they could discuss training or give ideas to improve care. Meetings included thanking staff for hard work and celebrating successes. Resident and relative meetings were held regularly, the feedback from people and relatives was recorded and the minutes and actions taken were shown on a screen in the reception area for everyone to see, along with photographs of events and celebrations. Suggestions regarding sub-titles on the communal television for those that lived with hearing loss was immediately actioned.
- Health professional surveys were sent out in March 2022 and comments received were very positive. The GP stated they were very satisfied. Other comments included, "It's always a pleasure to visit Eridge House. There is a special atmosphere of warmth and caring. The staff team is highly skilled and work collaboratively. The home is welcoming, happy and clean."
- For those unable to share their views, families and friends were consulted on their behalf. One visitor said, "I can't go to meetings sometimes, but I see the minutes on the screen and can respond if I want to, the communication here is very good." Another visitor said, "I feel I am listened to by the staff and managers."

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

- The provider's philosophy was to provide a home where a person feels safe, comfortable, well cared for and valued. To provide the highest standards of care, treating our residents as individuals, with respect and dignity at all times. This philosophy ran through everything that happened at the service and was fully supported by staff. People and visitors were consistently positive about the managers and staff. Comments from people, included, "Lovely staff, I feel very much at home here," and "I was coming here regularly for respite and made the decision to move in permanently, it was the best decision, I'm definitely safe, and I'm happy"
- The management structure allowed an open-door policy, the manager's office was adjacent to the front door and the communal areas, so the managers were visible to visitors, people and staff. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work. The managers worked alongside the staff and this was appreciated by staff.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences such as preferred meal times and preference for male or female care staff.

Continuous learning and improving care

- The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums.
- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary to do this. When a safeguarding had been raised, the management team worked with the local authority and confirmed lessons had been learnt and learning was taken forward.
- The management team checked the service being delivered was to the standards they required everyday, by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.
- Accidents and incidents were investigated and recorded. We saw incidents accidents were responded to

by updating people's risk assessments when required.

Working in partnership with others

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
- Staff had good relationships with the community nurses and other health care professionals and contacted them for advice when needed. Feedback from a health care professional was, "Nothing to improve in my opinion, always get a warm and friendly welcome from all members of staff and they are always helpful."