Ealing Manor Nursing Home

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 18 and 19 June 2015 and was unannounced. The last inspection of the service was on 21 September 2013 and there were no breaches of Regulation identified.

Ealing Manor Nursing Home is a nursing home registered to provide accommodation, personal and nursing care for up to 33 older people with a range of nursing care needs including palliative care. At the time of our inspection there were 33 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff had been trained in safeguarding and showed a good understanding of safeguarding procedures.

People had individual risk management plans to help them stay safe. Regular health and safety checks were carried out on the premises and on equipment used during care delivery.

Summary of findings

People received their medicines from staff at the required times.

People told us there were enough staff available to give them the support they needed. Staffing levels were determined by people's needs.

Staff were knowledgeable about how to meet people's needs. Staff attended regular training to update their knowledge and skills.

The provider met the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

People's nutritional needs had been assessed and where appropriate people received the support they needed to eat and drink sufficient amounts. People had input into their care from external healthcare professionals, as and when necessary.

Staff working in the home understood the needs of the people and we saw care was provided with kindness and compassion. People, their families and friends told us they were happy with their care. Staff were kind and compassionate towards people and formed positive and caring relationships with them.

People and others who were important to them were involved in making decisions about their care. Their views were listened to and used to plan their care and support.

End of life care was provided in line with people's wishes and preferences. The service had achieved Beacon status for implementing the Gold Standards Framework for people receiving end of life care.

People's needs were assessed and care plans were developed which set out how these should be met by staff. People received personalised care that was responsive to their needs.

People were supported to take part in activities and interests they enjoyed.

People and their relatives knew how to make a complaint if they needed to. Suitable arrangements were in place to deal with people's concerns and complaints.

The culture in the home was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team. The manager was experienced and worked alongside the staff. Staff said they felt well supported and were clear about their roles and responsibilities towards people living in the home. The manager carried out regular checks and audits to assess the quality of care people experienced and took action in response to areas needing improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Staff had been trained in safeguarding and showed a good understanding of safeguarding procedures.

People had individual risk management plans to help support them to maintain their safety.

People received their medicines from staff at the required times.

People told us there were enough staff available to give them the support they needed.

Good

Is the service effective?
The service was effective.

Staff were knowledgeable about how to meet people's needs. Staff attended regular training to update their knowledge and skills.

The provider met the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

People's nutritional needs had been assessed and where appropriate people received the support they needed to eat and drink sufficient amounts. People had input into their care from external healthcare professionals, as and when necessary.

Good

Is the service caring?
The service was caring

Staff were kind and compassionate towards people and formed positive and caring relationships with them.

People and others important to them were involved in making decisions about their care. Their views were listened to and used to plan their care and support.

People were treated as individuals and were supported with kindness, respect and dignity.

End of life care was provided in line with people's wishes and preferences.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and care plans were developed which set out how these should be met by staff. People received personalised care that was responsive to their needs.

People were supported to take part in activities and interests they enjoyed.

People and their relatives knew how to make a complaint if they needed to. Suitable arrangements were in place to deal with people's concerns and complaints.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The culture in the home was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team. The manager was experienced and worked alongside the staff.

Staff said they felt well supported and were clear about their roles and responsibilities towards people living in the home.

The manager carried out regular checks and audits to assess the quality of care people experienced and took action in response to areas needing improvement.

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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 took place on 18 and 19 June 2015 and was unannounced. The inspection team consisted of two inspectors. We looked at all the notifications we had received about the service since we last inspected on 21 September 2013 and reviewed any other information we held prior to our visit.

During our inspection we met 15 people using the service. We spoke with the provider, the registered manager, one nurse, five care staff and staff six relatives. We also spoke with the GP for the service. We reviewed three people's care records. We reviewed records relating to the management of the service including medicines management, staff training, audits, quality assurance and health and safety records.

Good

Is the service safe?

Our findings

People at the service told us they felt safe. One person said "I have the call bell next to me and I can call them at any time, and they come quickly". Another said "I like staying in my room and the staff come and check upon me regularly. "They come up and check me regularly". All the relatives we spoke with told us they visited regularly and had never seen or heard anything that gave them concern about people's safety or well-being. One relative said "I feel comfortable about [relative] being here, I have no concerns".

The provider had taken appropriate steps to protect people from abuse, neglect or harm. All staff had been trained in safeguarding adults and were familiar with the different types of abuse that people could experience and the reporting procedures they would follow if any concerns were raised. Training records we viewed confirmed this. Staff said they could report any concerns to the manager or senior staff and were confident they would be dealt with effectively. Safeguarding information was displayed in the main reception area and provided information and contact details for reporting any issues or concerns that people had.

Risks to people's health, safety and welfare had been assessed and were reviewed. Management plans were in place where risks had been identified to ensure the safety of people and that of others. For example, people at risk of developing pressure ulcers had regular assessments carried out and where equipment was required to reduce the risk, such as a pressure relieving mattress this was in place.

During our inspection we saw staff taking action to keep safe, for example where people were in the garden in their wheelchairs by the pond, staff ensured the brakes on the wheelchair had been applied. Another example was staff offering regular drinks to people to prevent dehydration as the weather was hot. Where people's needs changed we saw that risk management plans had been reviewed and updated to reflect the changes and any new measures that had been implemented to keep the person safe, for example for a person who had a number of falls we saw that a mattress was on the floor next to the bed and the bed kept low to prevent injury in the event of a fall. Staff demonstrated a good understanding and awareness of how they could support people in such a way as to minimise the risk of injury or harm to them.

We looked at the medicines management for the service. The provider had policies and procedures in place to manage medicines safely. The manager told us that they had recently changed their supplier of medicines and there had been some 'teething' problems with the change. People's current medicines were recorded on the Medicines Administration Records (MAR). Where medicines had been administered these had been signed for. The majority of MAR's recorded the amount of medicine received into the home; we found some quantities that had not been recorded. The most recent medicine audit carried out by the manager had identified this and the nurses confirmed the manager had discussed this with them. Where people required a variable dose of medicine the number of tablets administered was recorded.

All medicines were stored securely at the correct temperatures. Room and medicines refrigerator temperatures were checked every day. Daily maximum and minimum temperature of the medicines refrigerator were also checked. Controlled drugs were stored securely; stocks were checked weekly and recorded in the register. We checked the controlled drugs and records relating to these. The records were accurate. We spoke with the GP who was visiting the service during our inspection. They told us they carried out regular medicine reviews and worked closely with the manager and staff to ensure people at the end of their life had anticipatory medicines for pain management and other end of life care needs. Care records we viewed detailed that pain assessments had been carried out and where pain relief medicines were required, a care plan was in place.

We found that the provider had a system in place to ensure that items of equipment were maintained in a timely manner to show they were safe to use. Staff undertook regular health and safety checks of the service to ensure everything was working and there was a safe and suitable environment for people. Fire alarms and emergency lighting was checked weekly, and fire evacuation drills were undertaken to ensure staff and people knew what to do in

Good

Is the service safe?

the event of a fire. Equipment was regularly serviced as were gas and electrical appliances. The service was well maintained and clean. There was a rolling programme of redecoration and replacement of equipment.

There were sufficient staff available to meet people's needs and to provide good quality care. We asked people if there were enough staff to support them and they all confirmed there were. People told us the staff took their time to support them and that they were not rushed. Relatives we spoke with said they felt there were enough staff on duty. The manager told us the staffing levels were based on the needs of the people using the service and that she used an assessment tool to determine the number of staff required. She confirmed that additional staff were deployed if anyone required extra support such as attending a hospital appointment or when people required additional support during their final days.

Good

Is the service effective?

Our findings

People who used the service told us they thought the staff were well trained to carry out their roles.

We saw staff had access to a range of training relevant to their roles to help them to feel confident when supporting people who used the service. Staff told us they felt equipped with the skills they needed to fulfil their roles and their training was up to date. They told us they felt supported by manager who encouraged them to learn new skills and that they were able to maintain their skills by refreshing training as and when required. For example, staff had received specialist training in areas relevant to the needs of the people they supported such as the use of syringe drivers (a syringe driver is a small, portable pump that can be used to give a continuous dose of painkiller and other medicines through a syringe) for people who required end of life care.

Training consisted of e-learning, practical instruction and face to face training. Staff confirmed they also used handover meetings to discuss any practice issues and seek further advice from the manager. One of the nurses had undertaken train the trainer training to enable her to provide training to other staff, such as moving and handling, the manager was a train the trainer for safeguarding. Staff received regular one to one supervision, and had an annual staff appraisal where they had an opportunity to discuss their practice and identify any further training and development needs. Staff meetings were held and minutes we viewed confirmed that

Staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act 2005 [MCA] and DoLS. Where possible, people were asked for their consent and were involved in decisions about their care. Throughout our inspection we observed people giving consent to care. For example, one person told us they liked to stay in bed and did not want to spend time in the lounge. Staff were aware that some people did not have the capacity to consent to some aspects of their care they would work with the family and other healthcare professionals to ensure that a decision was made in the best interest of the person in line with the MCA, for example we saw that a relative of a person who had a Lasting Power of Attorney had been involved in making a decision regarding the person's resuscitation status.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people were only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. At the time of our inspection none of the people who used the service were subject to a DoLS authorisation. The manager knew the procedures to follow if an application was to be made.

People told us mealtimes were pleasant and they were supported and treated with respect. People's nutritional needs were assessed. Nutritional profiles had been completed for people and included information on people's likes, dislikes and special dietary preferences. Where people were identified at risk of malnutrition care plans detailed that staff needed to monitor their food and drink as well as their weight. Referrals to the dietician were made as required and where people had swallowing difficulties or were at risk of choking they had been assessed by the Speech and Language Therapist and guidelines for eating and drinking were in place. All staff had been trained to support people with their food and drink. Throughout our inspection we saw people being offered drinks and snacks throughout the day. One relative told us "My [family member] wanted to eat boiled potatoes in the middle of the night and staff made them."

We observed people at a mealtime, with those needing help receiving it from staff. We saw staff were patient and considerate and willing to respond to any requests people had. Different types of juice were offered and people were encouraged to be independent and take their time when eating.

People's health and welfare was monitored and they were referred to external healthcare professionals and services as required. We saw people had received input from other healthcare professionals including GP, tissue viability nurse specialist, palliative care nurse, community, dietician, optician and podiatrist, to ensure their healthcare needs were being met. Records also showed that people were supported to attend hospital appointments. The GP visiting the service spoke positively about the staff and how they made prompt referrals when people's needs changed. They also told us the home had effectively reduced the number of admissions to hospital by 80% by carrying out routine urine testing and the use of anticipatory antibiotics in discussion with other healthcare professionals.

Good

Is the service caring?

Our findings

People, their families and friends told us they were happy with the care and support they received at the service and felt they were treated with dignity and respect by all the staff. People appeared content and looked well cared for. Comments we received from people included "I like it here, they treat you very well and everybody is very kind." Another person said "Excellent atmosphere here."

Staff had positive and caring relationships with people that used the service. Staff we spoke with said they took time to get to know each person, including their past history, culture and religion in order to be able to provide a personalised service in line with people's wishes and values. One member of staff commented "I love the work, I'm here for them [people using the service], and for me it's like home from home." Another said "I would have no hesitation in placing my family member here. I know that they would be looked after very well."

People we spoke with told us the staff knew about their preferences and daily routines. We saw staff chatting and spending time with people in the garden and in their bedrooms. We observed the manager adjusting a person's pillow so that they were comfortable in their armchair. Relatives were very positive about the service. One relative told us "They have a long waiting list here and the home has a very good reputation in the community, it was recommended to us by someone who had their relative here." Another said "My [relative] has improved considerably since being here, the staff are great here, and they are kind, attentive and manage people very well."

Staff respected people's privacy and dignity and their right to be involved in decisions and make choices about their care and treatment. This was confirmed by the people we spoke with. People were referred to by their chosen names. We observed that when staff supported people with their personal care needs, the bedrooms and bathrooms' doors were closed to ensure people's privacy. We saw and heard staff supporting people to make choices and decisions about their care and treatment. A person told us "I can choose where I want to be, yesterday I was downstairs in the lounge and today I want to be in my bedroom." For another person we heard staff informing the manager that a person did not want their lunch in the dining room and had chosen to eat in their bedroom instead.

The provider had the 'Gold Standards Framework' (GSF) this was an award the service had received and informed people that staff were appropriately trained and competent to care for people nearing the end of their life. People had care plans addressing their end of life care which reflected their wishes, needs and preferences. For example, one person's advance care plan detailed that they wanted to die at the home rather than the hospital. The records we viewed demonstrated that the staff worked closely with the palliative care team to provide effective end of life care. Pain assessments were carried out for all people with end of life care needs and for those who required anticipatory medicines, these were available for nursing staff to administer. Training information we viewed confirmed that all staff working in the home had been trained in end of life care.

Good

Is the service responsive?

Our findings

Prior to using the service, people's health and social care needs were comprehensively assessed to ensure that service was suitable and could meet their needs. We viewed pre-admission assessments, which detailed people's needs, people's views and other information was also obtained from family members and social services. Two relatives confirmed they had visited the home, met the staff and had been involved in the pre-admission assessment. One relative said "This was the only home that said I could visit without an appointment. This showed me that they were confident about what they did."

People and their families confirmed they were involved in their care and on-going reviews of their care. Comments we received from relatives included "One of the most important things for me is that the staff tell me everything that has happened with my [relative], this could be about what has happened during the day, changes in mood or participation in activities." Another relative said "My [relative] has settled well, the call bell is with her and staff respond quickly when activated."

We viewed care records for three people, these provided a good picture of each person, their needs and how these were to be met. Care plans were in place for each identified need and these were reviewed monthly or whenever a person's condition changed, so the information was up to date. We saw that care plans and risk assessments were updated where there was a change in people's healthcare needs and staff had consulted with relevant health care professionals about this. For example, we saw that a care plan and associated risk assessment had been updated to reflect a change in the person's mobility following a fall.

The care plans provided staff with guidance and instructions about how people wanted to be supported. For example, we saw for one person that they liked to go out to the shops independently, this was recorded in their care plan and we observed staff following the instructions in the care plan such as asking what time they would be returning.

People were able to engage in a range of activities that reflected their interests and preferences. During our inspection we observed people taking part in an exercise class and enjoying a movie afternoon. Some people chose to spend time in the garden as the weather was warm and looking at the fish pond and smelling flowers and herbs in the raised flower beds. Some people told us they did not want to take part in any activities and were happy to stay in their rooms. One person said "I like my radio and to read. The staff always ask me If I want to take part in any of the activities. I choose not to go and they respect this." A relative told us "There is always so much going on here, they try to include everyone." Another said "They have helped my [relative] take up knitting again, it's marvellous."

People told us they knew what to do if they were unhappy. They said they would speak to the manager or a member of staff. The manager told us that there had been no complaints in the twelve months prior to the inspection. She told us that she promoted open and on-going discussion with people and their family members so that any concerns were effectively responded too. There was a complaints procedure in place and this was displayed in the reception area. A relative we spoke with said "I have no complaints, when I visit the manager always speaks with me, if I have any concerns I go to her or the staff and they deal with it quickly. I have no worries at all about my [relative] being here."

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and provider. Comments we received included "The manager is well respected and she has a good balance between friendly and professional." Another commented in the annual satisfaction survey "I am very pleased with all aspects of Ealing Manor, it has a wonderful family feel and nothing is too much trouble for the staff. The manager is excellent and the activities co-ordinator does a brilliant job."

The service was well-led by a manager who was visible and inclusive and spoke with passion about providing a good quality of life for the people at the service. She told us "I always tell the staff this home is like a family, how you treat people will be how you will be treated when you are old." The registered manager told us they had been a qualified nurse for over 20 years and had managed nursing homes for older people. The manager held professionally recognised management, care of the elderly and palliative care qualifications.

There was a clear management structure in place and staff were aware of their roles and responsibilities. Many of the staff had worked at the service for several years and this had provided consistency and stability in relation to how the service was managed and led. All the staff we spoke with said they enjoyed working at the service that staff morale was good and they were committed to providing good quality care and support to people.

Staff told us the manager was supportive, approachable and they felt comfortable talking to them if they had any questions or needed any advice. They said the team worked well together and the manager helped to directly support people which meant she had a good understanding of people's needs. For example, one member of staff said "She is never in the office, she says hello to each and every person, says goodbye to them when she is leaving and knows exactly what is going on." Another said "The manager is out on the floor, she carries out practical supervision, she is an excellent role model, I would say firm but fair."

The provider formally collected people's views of the service through completion of annual satisfaction surveys. The results of the survey carried out in February 2015 were very positive. We saw that the feedback from the surveys had been evaluated and an action plan was in place to address the shortfalls that had been identified, so that improvements could be made. For example, people had suggested that the décor in the communal areas be modernised, the provider told us this had been included in the redecoration programme for the home. The manager told us information from the surveys was used to help improve the service and the quality of support being offered to people.

The manager carried out regular audits of the quality of care provided by the service. These included audits of care plans and risk assessments, medicine management, staff training and health and safety. The audits and records showed that where improvements needed to be made these had been addressed. For example, care plan audits we viewed highlighted the need for discontinued care plans to be removed from the file. Records were kept of accidents and incidents. These were monitored by the manager and the provider to identify any trends or patterns. Staff told us they discussed any incident and accidents during their daily handover meeting so that they could improve their practice and implement any lessons learnt from the outcome of any investigations.

The service and its staff were committed to provide quality care that was based on good practice. The service worked closely with the palliative care team and other healthcare professionals. Staff told us they utilised the Gold Standards Framework (GSF) around end of life care to ensure people received the support and care they wanted and needed. The home had attained Beacon status accreditation which meant that the manager was able to carry out palliative care training and provide support to other local nursing homes who were working towards (GSF) accreditation.