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Eaton Lodge Nursing Home

Inspection report

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Date of inspection visit:
13 December 2016
14 December 2016

Date of publication:
27 February 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 13 and 14 December 2016 and was unannounced.

Eaton Lodge Nursing Home provides accommodation, personal and nursing care for up to 24 older people and people living with dementia. The service is a large converted property. Accommodation is arranged over three floors and a lift is available to assist people to access the upper floors. The service has 14 single bedrooms and five double bedrooms that people could choose to share. There were 19 people living at the service at the time of our inspection.

We last inspected this service in May 2016. We found significant shortfalls and the service was rated inadequate and placed into special measures. We took enforcement action and served warning notices. We required the provider and registered manager to make improvements. Services that are in special measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. The provider sent us information about actions taken to make improvements following our inspection. At this inspection we found that improvements had been made in many areas. However, there were still areas where improvements were required.

A registered manager was leading the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Possible risks to people had been identified, however people had not always been involved in the assessments so they could share their experience and views and care could be planned to keep them safe in the way they preferred. People who were at risk of choking were not always monitored while they were eating to make sure action could be taken quickly if they choked. People's pressure relieving equipment was used correctly to reduce the risk of people sustaining skin damage.

Assessments of people's needs had not been completed with them before they began to use the service to make sure staff knew about their needs and preferences. Further assessments were not completed to gain more detail after people had moved in.

Care had not consistently been planned to support people to manage their catheters. People were supported to have health checks such as eye tests and blood tests.

People were not consistently supported to tell staff how they preferred their care provided. Guidance had not always been provided to staff about how to meet people's needs. Some people's care plans contained details of their care preferences but other people's care plans did not. Care plans had been reviewed each month and any changes noted had been used to plan the care people received.

People received the medicines they needed to keep them well. Action had been taken to make sure medicines were ordered, stored, recorded or disposed of to keep people as safe as possible. However, further improvements were required to make sure people were always protected from the risks of unsafe medicines management.

Plans to evacuate people from the building in an emergency had not been amended to include all the information staff or the emergency services needed to evacuate people safely. Action had been taken to make sure fire escape routes were safe. Following the inspection we raised our concerns about fire safety with the local Fire and Rescue Service.

Since our last inspection checks the registered manager completed on the quality of the service had increased. However, they had not identified the shortfalls we found during our inspection. The provider and registered manager had improved their oversight of the service. Staff had been supported to provide a good level of care and were aware of their roles and responsibilities. Staff were motivated and felt supported by the registered manager.

People and their relatives were asked for their views of the service. Staff had been asked to complete quality surveys but most had chosen not to respond. The registered manager had not been given staff other opportunities to share their experiences of the service anonymously.

People and their relatives told us that staff were kind and caring. The registered manager had taken action to ensure staff treated people with dignity and respect at all times.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Arrangements were in place to apply to the supervisory body for a DoLS authorisation when people who lacked capacity to consent were restricted.

Staff did not consistently follow the principles of the Mental Capacity Act 2005 (MCA). People's capacity to make some decisions had been assessed. Guidance had been provided for staff about the day to day decisions people were able to make and how people might tell staff about their decisions. People with capacity were not always involved in making complex decisions and decisions had been made in their best interests but without their involvement. This was an area for improvement.

The accuracy of records about the care and support people received and about the day to day running of the service had improved. However, further improvements were needed.

People and their representatives were confident to raise concerns and complaints they had about the service. They told us complaints had been resolved to their satisfaction. Action had not been taken to check complaints and use them to continually improve the service.

The registered manager was now informing CQC of important events that happened at the service, without delay. Arrangements had been put in place for the safe management of the service when the registered manager was absent or on leave. There were enough staff to meet their needs.

The provider's recruitment procedures had been followed consistently.

Staff had completed the training they needed to provide safe and effective care to people. The provider's process of regular meetings between staff and a manager to discuss their role and practice had been followed. Staff told us they felt supported and were confident to raise any concerns they had.

Staff knew the signs of possible abuse and were confident to raise concerns they had with the registered manager or the local authority safeguarding team.

People told us they liked the food and were involved in planning the menu and choosing their meals each day. The dining room had been changed and people were offered the opportunity to eat in the dining room as well as in their bedrooms or in the lounge.

People told us they enjoyed the range of activities offered at the service. The registered manager had increased the number of people who visited the service to provide activities such as keep fit.

People and their relatives had been asked about their end of life care preferences and these were used to plan people's care.

Equipment and areas of the service, including bathrooms and people's bedrooms were clean. Cleaning schedules had been put into operation for all areas of the building and equipment to make sure they were cleaned regularly.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection we found that the provider had made improvements and the service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We found continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

The service was not consistently safe.

Risks to people had been identified however; further action was needed to reduce all risks to people. Guidance to staff about how to keep people safe in an emergency needed improvement.

The provider's recruitment policy had been followed.

Medicines management had improved but further improvements were needed to make sure people were always safe.

The service was clean.

Staff knew how to keep people safe if they were at risk of abuse.

There were enough staff who knew people, to provide the support people needed.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always involved in making decisions about their care. Staff knew about the decisions most people were able to make. Guidance provided to staff about how to support people to make decisions required improvement.

Staff had completed most of the training they needed to meet people's needs. Staff had the opportunity to meet regularly with a line manager to discuss their role, practice or any concerns they had.

People were involved in planning the menus and choosing what they ate.

Care and treatment was not consistently planned to meet people's health care needs. People were supported to have health checks and to attend healthcare appointments.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were not always supported to tell staff how they preferred their care provided.

People said that staff were kind and caring to them. People were given privacy and were treated with dignity and respect.

Most people had been encouraged to tell staff about their likes, dislikes and preferences and their life before they began to use the service. This helped staff get to know people and how they preferred their care provided.

Staff kept information about people, including their records, confidential.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Detailed assessments of people's needs had not always been completed with them before they began to use the service.

People had not always been involved in planning their care to make sure they were offered the care they needed in the way they preferred.

Assessments of people's needs and the care plans were reviewed regularly to identify any changes in their needs.

People told us they had enough to do during the day and enjoyed the activities offered at Eaton Lodge.

Systems were in place to resolve any concerns people had.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service was adequately managed in the registered manager's absence. Staff were clear about their roles and responsibilities and were held accountable.

Checks on the quality of the service had increased. However, they had not identified the shortfalls we found during our inspection.

People and their relatives had been asked to share their feedback about the service but had not been informed of the outcomes. Staff were not offered regular opportunities to share

their experiences of the service anonymously.

Records about the care and support people received had improved; however further improvements were required.

The registered manager had shared important information with CQC without delay, to help us understand what had happened at the service.

Eaton Lodge Nursing 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 took place on 13 and 14 December 2016 and was unannounced. The inspection team consisted of two inspectors, a pharmacy inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

We contacted Kent local authority staff about what they had found when they visited the service before our inspection but did not receive any feedback from them.

During our inspection we spoke with seven people living at the service, seven people's relatives, a visiting speech and language therapist, the provider, registered manager, and staff. We visited some people's bedrooms, with their permission; we looked at care records and associated risk assessments for seven people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

We last inspected Eaton Lodge Nursing Home in May 2016, when there were breaches of several regulations.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of May 2016 the provider and registered manager had failed to make sure that people's care and treatment was provided in a safe way. We served warning notices requiring the provider and registered manager to take action.

At this inspection overall we found improvements had been made. People and the relatives we spoke with told us they felt safe at the service. The registered manager had taken some action to improve people's safety, however further improvements were required.

At our last inspection of May 2016 the provider and registered manager had failed to operate proper and safe medicines procedures in relation to the ordering, storage, disposal and recording of medicines. We served warning notices requiring the provider and registered manager to take action. At this inspection we found the registered manager had taken some action to protect people from the risks of unsafe medicines management, however further improvements were required.

Some action had been taken to make sure that records relating to medicines were accurate. At our last inspection we found that handwritten entries on people's Medication Administration Records (MAR) had not been checked by a second person to reduce the risk of mistakes. At this inspection we found that some handwritten entries on MARs had been doubled checked but others had not. Further action was needed to reduce the risks to everyone from mistakes in hand written records.

Most people used creams to keep their skin as healthy as possible. These were applied by care staff. Records of the application of prescribed creams had improved however records were not maintained for everyone who used creams. Staff were still unable to check everyone's creams had been applied correctly.

At our last inspection we found guidance had not been provided to staff about the signs of over and under treatment of blood thinning medicines, or possible side effects of taking blood thinning medicines, such as bruising. Action had not been taken to make sure staff were aware of any signs and symptoms and what actions to take to keep people safe.

Some people were prescribed medicines 'when required', such as pain relief. Guidance had not been provided to staff about the 'when required' medicines each person was prescribed, such as when it should be offered, how people might tell staff they needed it, or the minimum time needed between doses. There was a risk that people would not receive their medicines when they need them.

Some medicines had passed their expiry date and there was a risk that they would not be effective. Medicines including eye drops needed to be used within four weeks of opening. The date that bottles of eye drops had been opened had not always been noted. Using eye drops which have been open for longer than four weeks can put people at risk of developing infections.

Staff had completed training on medicines handling and administration. Their competency had been

assessed to check their practice was safe. However, the competency assessments did not detail which areas of medicines administration the assessment covered and could not be used to develop staff's skills.

At our last inspection we found that the provider's policy to support people to manage their own medicines when they wanted to was not being followed. The registered manager now knew when and how the policy should be followed. No one living at Eaton Lodge at the time of our inspection managed their own medicines.

The syringe driver (a portable pump to deliver medicines over 24 hours) held in stock at the service had been serviced since our last inspection. This was to check that it was safe to use.

Action had been taken to consistently record the application of pain relief patches. Nurses or other health care professionals were now able to check where patches had been applied and take action to reduce the risk of people's skin being damaged. At our last inspection we found that staff had not consistently recorded when people had taken their medicines. This had now been addressed and all medicine given had been recorded.

Medicines were stored securely and at the correct temperature, including those more liable to misuse. Arrangements for ordering and receiving people's medicines from both the GP and pharmacy were suitable. Waste medicines were disposed of correctly. Systems were in operation to manage the stocks of medicines and there were no longer excessive stocks of some people's medicines

We observed people receiving their medicines. This was done in a caring and respectful way and the nurse stayed with people to ensure they had swallowed the medicines and drinks safely.

The provider and registered manager had failed to operate proper and safe medicines management processes in relation to the administration and recording of medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were at risk of choking had been referred to a Speech and Language therapist for advice and support. Therapists shared their advice with the staff and provided written information for staff to refer to. This was kept in people's care records and in the kitchen. Therapist's advice to two people was 'Needs to be watched at all times with any food and drink'. This was so staff could check people were sitting correctly and respond quickly if people needed support. We observed that staff did not monitor the people at risk when they ate their meals in bed. One person was not sitting correctly and was at an increased risk of choking. The registered manager told us that staff were not monitoring this person, as advised, because the person did not like 'being watched by staff' when they were eating. The registered manager had not agreed ways to manage the risk with the person or sought further advice about how to ensure the risk of choking was reduced if the person did not want to be monitored by staff.

At our last inspection detailed guidance had not been provided to staff about how often people needed to be repositioned to reduce the risk of them developing skin damage. Action had not been taken to provide staff with this important information and staff continued to be instructed to reposition people 'regularly'. People had been repositioned and no one had developed a pressure ulcer since they moved into the service. Staff were providing the right care however without clear guidance there was a risk that people would not be re positioned regularly enough to prevent pressure damage to their skin.

Moving and handling risk assessments had been completed for most people. Guidance to staff about how to move people safely had not been amended following our last inspection to include details of the types of

equipment and techniques staff should use to move people safely. Staff continued to rely on each other to know what equipment and techniques to use. Each person had been provided with their own hoist sling to meet their needs. We observed staff moving people from armchairs into wheelchairs and back again safely. One person's relative told us, "My relative is always hoisted and well cared for". However without detailed guidelines there was a risk that people would not always be supported to move safely.

The registered manager had taken action to assess the risk of people falling out of bed, however, this had not been completed for everyone. Bedrails were being used on the bed of a person who had moved into the service shortly before our inspection. The risk of them falling out of bed had not been assessed and the risk of them becoming trapped in or climbing over the bed rails had not been assessed. The person told us they had not fallen out of bed before moving into the service. They had not been involved in the assessment and the decision to use bed rails.

At our last inspection we found that one person had become trapped between their bed and the bedrails three times and had been injured. Action had been taken to manage the risks to the person and others and no further injuries had occurred. New bedrail protectors had been purchased and were fitted to the bedrails on both sides of people's beds. Bedrail protectors are used to reduce the risk of people injuring themselves on the rails and at times to reduce the risk of people getting trapped in the rails.

Risks to peoples' skin health, such as the development of pressure ulcers, had been assessed using the Waterlow score, a recognised pressure ulcer risk assessment tool. Pressure relieving equipment was available to people who needed it and checks were completed to make sure staff used it correctly. One person used pressure relieving equipment while sitting in a chair and lying in bed. We observed one staff member remind their colleagues the person needed to use a pressure relieving cushion while sitting in a wheelchair. They made sure the person had the equipment they needed to keep them safe.

Risk assessments had been consistently reviewed since our last inspection to make sure they were up to date and these were checked by the registered manager. However, they had not identified that one risk had not been assessed or that detailed guidance had not been provided to staff about how to manage all risks.

The provider and registered manager had failed to assess the risks to people's health and safety, do all that was reasonably practicable to mitigate risks to people. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that detailed plans to keep people safe in an emergency were not in place. We informed the local Fire and Rescue Service of our concern. They visited the service and offered the registered manager advice on fire safety. Each person had a personal emergency evacuation plan but these did not provide staff with detailed guidance about how to move or evacuate people. Evacuation equipment was in place but staff had not practiced using it during fire drills so there was a risk that staff would not be able to safely evacuate people. Following our inspection we informed the local Fire and Rescue Service about our concerns. A wooden fire escape route with some uneven surfaces had been refurbished since our last inspection.

The provider and registered manager had failed to respond to and manage risks associated with major incidents and emergency situations. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection of May 2016 the provider and registered manager had failed to make sure the premises were suitable and safe. The provider had taken action to rectify these shortfalls.

A call bell system was fitted in people's bedrooms and communal areas. Mobile doorbells had been provided to people in areas the call bell system did not reach, such as the garden and the entrance hall. We observed staff responded promptly when people rang for help. People told us they generally did not have to wait for the support they needed. One person told us, "If I have to use the buzzer, they come in straight away". Another person told us, "When I ring the bell they come fairly quickly, depends how busy they are, but it's never caused me any problems".

People told us there were enough staff to meet their needs. Their comments included, "There are more than enough staff, they are always coming in", "I woke up at 2.30am the other morning, I was so sore and [staff member's name] came up straight away and helped me", "If they are busy they will come as soon as they can" and "I feel the girls have a lot to do in a little time, a lot to do, but they are very good".

The registered manager used a dependency assessment to decide how many staff were needed to meet peoples' needs. This was reviewed if people's needs changed. Staff rotas showed that the assessed level of staffing was provided. Catering, housekeeping and maintenance staff were employed so nurses and care staff could concentrate on caring for people.

There were now plans to make sure staff were available to cover holidays or sickness absence. Several staff were employed on a part time basis and worked additional hours when they were needed.

A maintenance person completed maintenance checks and day to day maintenance tasks at the service. During our inspection they were redecorating one person's bedroom as well as completing monthly and weekly checks of the environment. Outside contractors were employed to complete other work and a plumber visited during our inspection to replace the sink in the room being decorated.

One person's relative told us, "We come in every week and since the last inspection the place has been decorated, new furniture, so much has changed". A programme of refurbishment was underway and many areas of the service had been redecorated. New wardrobes, chests of drawers and net curtains had been fitted and other curtains had been ordered. Some rooms had new carpets.

At our last inspection of May 2016 the provider and registered manager had failed to assess the risk of the spread of infections and take action to prevent, detect and control the spread of infections. The provider had failed to have suitable cleaning schedules in place to ensure the service was clean and hygienic.

There were now cleaning schedules in place covering all areas of the building. The cleaning schedules had been followed. Areas of the service, including the clinical room, bedrooms, and bathrooms were clean. Foam mattresses which were not fitted with covers and were difficult to clean had been replaced with new wipeable mattresses. A system was followed to make sure all mattresses were cleaned

New boxes had been provided to people to store their toiletries in and appeared clean. The provider had replaced the worn and shabby bedroom furniture.
The registered manager had followed the provider's recruitment procedures consistently. Checks had been completed to make sure staff employed since our last inspection were honest, trustworthy and reliable. Gaps in other staff's information had been obtained. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions. Checks on the identity and health of staff and the qualifications of nurses had been completed. Nurses Personal Identification Number (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council.

Staff knew the signs of possible abuse, such as changes in people's mood. They knew how to report any concerns they had and were confident any concerns they raised to the registered manager would be listened to and acted on. The registered manager was aware of safeguarding procedures and had raised concerns they had with the Kent local authority safeguarding team. Staff felt confident to whistleblow to the registered manager or to the Care Quality Commission when they had concerns about their colleagues' practice.

Requires Improvement

Is the service effective?

Our findings

At our last inspection of May 2016 the provider and registered manager had failed to assess and plan people's care and treatment to meet their health care needs. We served warning notices requiring the provider and registered manager to take action. At this inspection we found that action had been taken to meet the health care needs of all but one person.

At our last inspection we found that some catheters had not been changed as often as the manufacturer recommended which put the person at risk of developing an infection. At this inspection staff had supported most people to change their catheter as the manufacturer recommended and more often if necessary. Staff told us they did not know when one person's catheter needed to be changed and had not planned their care to make sure it was changed when necessary.

Some people had wounds that were being managed by the registered nurses. The way people's wound care was assessed, planned and provided had improved. Wound assessments had been completed each time a nurse changed the wound dressing to check if wounds were healing. Information was shared between nurses about people's wounds to make sure they were treated as planned. One nurse told us, "Wound dressing changes and assessments can't get missed now. I check the book every day to see what I need to do". One person's relative told us their relative had moved into the service with several wounds and they were pleased that these were now healing.

Staff contacted people's doctors promptly when they were feeling unwell or if they identified changes in people's health. One person told us, "I wasn't well last week and the staff called the doctor in". People's relative told us, "They get a doctor if my relative needs one" and "I had a concern (about my relative's health), I told [the registered manager] and they called a doctor straight away, there was no problem".

People were supported by staff or people who knew them well to attend health care appointments, including outpatient appointments. This was to support them to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on. One person told us, "If I am poorly they will wrap me up and take me to the surgery, X rays and things like that".

At our last inspection of May 2016 the provider and registered manager were not following the principles of the Mental Capacity Act 2005, including best interest decision making; lawful restraint and the application for authorisation for any deprivation of liberty. At this inspection we found that people's involvement in making decisions had increased but further improvements were needed.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People who were able to make decisions had not always been supported to make decisions about their care. We asked one person who was able to make decisions if they had made the decision to use the bedrails on their bed. They told us staff had not told them what the bedrails were used for and had not asked them if they wanted the bedrails used. We explained to the person what the bedrails were for. They told us they "didn't mind" the bedrails being used. There was a risk that people would not always be involved in making important decisions.

At our last inspection the registered manager told us that some people were not able to make decisions about their care and treatment. However, they had not assessed people's ability to make decisions and had made decisions in their best interests. The registered manager had started to use Kent County Council's process to access people's capacity to make decisions. The process had not been fully completed, including any decision that had been made and who had made the decision. The registered manager agreed this was an area for improvement.

People's capacity to make 'less complex' day to day decisions had been assessed. Since our last inspection staff had been given guidance about what decisions some people were able to make, for example ,one person's care plan stated 'Can make simple decisions'. However detailed information about the support staff should provide to help people to make decisions had not been included in people's care plans. This was an area for improvement.

People who were able to chat to staff told them about their choices and the support they needed. Staff respected people's decisions, including any unwise decisions. For example, one person ate less when they ate their meals in bed and this increased their risk of becoming malnourished. Staff encouraged the person to get up for meals every day and respected their decision if they chose to stay in bed.

We recommend that the registered manager refers to current Mental Capacity Act guidance.

The provider told us at their last inspection that they planned to use pictures on a tablet computer to support people to make choices about their meals. Staff had taken pictures of meals served at the service, to support people to make choices.

At our last inspection the registered manager was not fully aware of some of their responsibilities under DoLS. At this inspection the registered manager was still not clear about their responsibilities when making decisions which may restrict people when a DoLS authorisation had not been made. For example, people, their relatives and case managers had not been involved in making decisions about using bedrails. Most people used bedrails on their bed. One person was the subject of a DoLS authorisation and others were waiting to be assessed by their local authority.

At our last inspection of May 2016 the provider and registered manager had failed to offer everyone a choice of meals. Some people were not given all the support they needed at meal times to make sure meals were within their reach. At this inspection we found that people were involved in planning the menus and were given a choice of meal each day. Improvements were needed to make sure people always had drinks within their reach.

People were not consistently encouraged to drink enough. We observed staff had left a drink out of one person's reach in their bedroom. We asked the person if they were thirsty. They told us they were. We offered the person the drink and they drank it all. The person had a catheter and we observed the urine in the catheter bag was dark, which may indicate that they had not had enough to drink. Care had not been planned to support the person to drink enough. Staff had not recorded how much the person should drink and had actually drunk to make sure it was enough. Other people who spent their time downstairs in communal areas where staff saw them often told us they had enough to drink. One person told us, "I get plenty to drink, I only have to ask. Staff ask me if I would like a drink if haven't got one".

The service was part of a Hydration Project being run by Thanet Clinical Commissioning Group (CCG). The aim of the project was to increase people's hydration and reduce their risk of needing to go to hospital. Four staff had completed training about hydration and were 'hydration champions'. They shared their knowledge with the rest of the staff team, however staff had not made sure that everyone drank enough each day to reduce the risk of them becoming dehydrated

People told us they liked the food at the service. Their comments included, "The food is very nice", "Sometimes the food isn't so good and staff change it with something else. Most times they come round and ask what I would like. The food is pretty good" and "The food is good, I have difficulties sometimes, if I like something I eat it but if I don't, I won't".

People were now offered the opportunity to eat their meals in the dining room and two people chose to eat their meals in the dining room during our inspection. Other people preferred to eat in their bedroom or in the lounge. One person told us, "I could go down to the dining room if I want". We observed two people chose to eat in the lounge on the first day of our inspection and in their bedroom on the second day.

At our last inspection we observed that some people struggled to eat their meal in bed as the bed table did not fully reach over the bed. At this inspection we observed that people who ate in bed could easily reach the food.

People who had difficulty swallowing or were at risk of choking were offered soft or pureed food. Foods were pureed separately and presented in an appetising way so people were able to taste the separate flavours of each food. People who required a soft or pureed diet were now given more choices of meals.

When people lost weight they were referred to a dietician for advice, which staff followed. People who needed it were offered food fortified with extra calories and had gained weight. One person told staff they were hungry after they had eaten breakfast. Staff prepared and supported the person to eat a second bowl of porridge. Meals were balanced and included fruit and vegetables. All meals were homemade and the cook made birthday cakes for people to help them celebrate their birthday.

People and their relatives told us staff had the skills they needed meet their needs. One person's relative told us, "I am very confident the staff know what they are doing".

At our last inspection of May 2016 the provider and registered manager had failed to make sure staff received appropriate support, training, professional development, supervision and appraisal. The registered manager had increased the training staff completed and had provided staff with regular supervision and appraisals. .

Staff worked through an induction when they started work at the service to get to know people, the care and support they needed and to understand their roles and responsibilities. This included shadowing more

experienced staff. Since our last inspection the apprentices had completed the Care Certificate. This is an identified set of standards that social care workers adhere to in their daily working life.

The registered manager made sure staff completed the training they needed to perform their duties. They told us that staff had completed 85% of the basic training they required them to complete since our last inspection. This included courses about fire safety, health and safety and safe moving and handling.

Care staff had completed further training to support them to meet people's needs, such as dementia and diet and nutrition. Other staff who met with people regularly such as the laundry assistant and kitchen staff had not completed this training to support them in their role. We would recommend that the registered manager review their training plan to make sure all staff had the skills they need to support people.

At our last inspection we found that staff had not met regularly with a supervisor to discuss their practice, including clinical practice. Most staff had now met with the registered manager two or three times to discuss their practice and development. One staff member told us, "Supervisions are happening and they are good". An appraisal process had been put in place and all staff had met with the registered manager to review the practice and development over the previous year and set goals for the next year.

Requires Improvement

Is the service caring?

Our findings

People told us they were well cared for at Eaton Lodge and were complementary about the staff. People and their relative's comments included: "The staff are very kind", "I'm very happy here, it's a very nice place", "The staff are very sweet, they are my Angels, they have a lot to do. If I've got anyone coming they come and get me ready, they are very good like that", "The carers are lovely, the manager is really good" and "Staff help our relative and are very kind. We are grateful for the care they give them".

At our last inspection we found guidance was not provided to staff about what support people needed to communicate, such as using hearing aids. This information was now available to staff in people's care plans. However, staff did not always make sure that people received the support they needed.

One person's care plan stated they wore hearing aids, had poor sight and spoke quietly. We visited the person in their bedroom with the registered manager. The person was not wearing their hearing aids and was not able to hear what we were saying to them. The registered manager said the person was not wearing their hearing aids because their family put them in when they visited. Staff did not know if the person's family were visiting the person that day. The registered manager put the person's hearing aids in with their agreement.

We chatted to the person and who told us about their life and experience of the service. We visited the person the following day. The person was not wearing their hearing aids. The registered nurse told us the person had taken their hearing aids out as they were not working. New hearing aid batteries had not been fitted and the person was at risk of not hearing what people were saying.

At our last inspection we found that staff did not always talk about people in a respectful way. The registered manager had not considered the language they and staff used may be disrespectful. Improvements had been made in the way staff described people.

People appeared relaxed in each other's company and in the company of staff. A few people chatted in the lounge about what they wanted to watch on the television. Other people shared jokes with staff and laughed together. Staff showed genuine affection for people and people responded in a similar way. One person told us, "They staff are kind to me and I'm always kind to them. I always thank them. They always have good manners."

Action had been taken since our last inspection to involve people in planning their care. Information was available to staff about most people's life history, for example, about their career and their family. Staff were working with people and their families to gather this information and further work was planned. Information about people's lives before they moved into the service helps staff get to know people and provide their care in the way they prefer.

One person's bedroom was being redecorated during our inspection in their favourite shade of pink. We asked the person what they thought of their new bedroom. They told us they were "Very, very happy" and

scored it "Ten out of ten".

Information about people's preferences, likes and dislikes was available for staff. Staff had begun to complete 'This is me in a nutshell' records with people to provide this information to staff. For example, one person's record stated their favourite lunch was 'chicken, duck or rabbit'.

Since our last inspection opportunities for people to get up rather than stay in bed had increased and people were asked if they would like to get up each day. One person who had decided to get up during our inspection, later requested to go back to bed. Staff supported them to do this.

People told us they had privacy. One person told us, "I always have my door open, I don't like it closed and they call out before they come in". Staff offered people assistance discreetly without being intrusive. People had privacy when they washed and dressed and curtains were used to give people privacy in shared rooms.

People's friends and relatives visited whenever they wanted. They told us they visited regularly and were made to feel welcome. One person's relative told us, "I can come in whenever I want."

Personal, confidential information about people and their needs was kept safe and secure. At the time of the inspection people who needed support were supported by their families, solicitor or their care manager. The registered manager knew how to obtain advocacy support for people who wanted it.

People and their families had been asked about their care preferences at the end of their life. Their choices and wishes were included in a 'Thinking Ahead' document and was available to staff and visiting professionals.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection of May 2016 the provider and registered manager had failed to assess people's needs and plan their care with them, with a view to achieving peoples' preferences and ensuring their needs were met. At this inspection we found that some people had been supported to tell staff about their care choices, other people had not. Further improvements were needed to make sure staff had all the information they needed to provide consistent care in the way people preferred.

Before people were offered a service, a basic pre-admission assessment of their needs was completed. This was not always completed with the person and their relatives, to make sure staff had important information about the person's needs.

One person's pre-admission assessment had been completed when they were in hospital. The person and their family had not been involved in the assessment and information had only been obtained from the hospital records and staff. The person's care preferences were not included in the assessment to help staff decide if they could provide the care the person needed in the way they wanted.

Further assessments were not completed with people after they moved in to follow up on needs identified in the pre-admission assessment. A brief care plan was written before people moved in but did not include detailed guidance for staff about how to provide the care and treatment people needed, in the way they preferred. For example, one person's care plan stated 'Needs 2 x staff for all care needs every day. Not able to assist'. We observed the person doing things for themselves, such as eating and drinking. There was a risk that the person would not be supported to do as much for themselves as they wanted and were able to.

Previously people's care plans did not contain detailed guidance for staff about how to support them in the way they preferred. Some action had been taken to make sure that staff had the information they needed but further improvements were required. Most people and their relatives when necessary, had been involved in planning their care, however, this was not consistent for everyone. There was a risk that information about people's choices and preferences would not be available for staff to refer to
Some people's care plans included detailed guidance to staff about how they preferred staff to support them. For example, one person preferred staff to brush their teeth for them and told staff to 'hurry up' as they didn't like having their teeth brushed. Other people's care plans did not contain detailed guidance to staff. Staff told us, "Residents direct their own care; they say what they want and what they don't want". Some people were not able to tell staff how they preferred their care provided. There was a risk that people would not always receive their care in the way they preferred.

Two staff had completed mouth care training provided by the local Clinical Commissioning Group. They had shared what they had learnt with other staff and written 'oral' care plans for each person. A Speech and Language therapist, visited during our inspection. They told us they had checked a person's mouth and found it was clean and well cared for.

Previously we found that people's care plans had not been regularly reviewed to make sure changes were

identified quickly. Care plans were now reviewed each month or more often if necessary. A few people and their relatives had signed their care plan to confirm it was accurate, most people had not.

At our last inspection we found that some people sat on their hoist sling during the day, this put them a risk of developing skin damage. The slings were designed to be removed once they had been used to transfer people and could reduce the effectiveness of pressure relieving cushions. People continued to sit on the hoist slings but staff monitored their skin to make sure any changes were identified quickly.

The provider had failed to assess people's needs and plan their care with them, with a view to achieving peoples' preferences and ensuring their needs were met. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they enjoyed the activities at the service and had copies of the activities programme. Activities changed depending on the seasons and people's preferences. One person told us, "In the summer we go out in the garden every day, it's lovely". The day before our inspection children from a local nursery school had visited to sing Christmas carols with people. People told us they enjoyed this very much. Some people had watched the Christmas lights being turned on in the town which they also enjoyed. One person told us, "I loved it".

Some people told us they enjoyed regular 'pamper' sessions with staff and showed us their painted fingers nails. One person told us, "One of the girls did them for me, they do it whenever I ask".

An activities coordinator was no longer employed so staff were supporting activities. The number of people who came in from outside to provide activities such as keep fit had increased to cover the shortfall in activities. One person told us, "Last week a lady came in and helped us do exercises". The number of hours another staff member had to spend time with people including taking them out and doing aromatherapy had been increased.
People and their relatives told us they were confident to raise any concerns they had with the registered manager and staff. People's relatives told us, "If I had any concerns I would speak to the manager", "I would speak to anyone at the home if I have a concern, they are very good, they always help me" and "Our relative has been here for a long time and we have never had any complaints".
A complaints process was in place and available in the home. Action had not been taken since our last inspection to make sure it was meaningful to everyone, such as using large print or pictures.

People told us the registered manager addressed their complaints to their satisfaction. One person told us, "I didn't like one of the care staff, their attitude and the way they spoke to me. I told the manager and the staff member left soon after". Previously we found that records of complaints, other than written complaints were not maintained as required by the provider's complaints policy. The complaint the person told us about had not been recorded. This was an area for improvement.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of May 2016 the provider and registered manager had failed to assess, monitor and improve the quality and safety of the service provided to people. We served warning notices requiring the provider and registered manager to take action. At this inspection we found that improvements had been made to the checks and audits the registered manager completed. However, further improvements were required to make sure all shortfalls were identified and addressed quickly to continually improve the service.

Staff had been asked to complete a questionnaire about the quality of the service. One staff member had returned a completed questionnaire with suggestions to improve the quality of the service. The provider had not taken action in response to the comments made. The registered manager told us other staff were 'happy to feedback in staff meetings'. However, staff had not been invited to share their views on the quality of the service at staff meetings according to the minutes. Other stakeholders including district nurses, GP's and other professionals were not surveyed for their views.

People were asked for their views and opinions about the service. An annual quality assurance survey was sent to people and their relatives and some responses had been received. Most of the feedback provided was positive, and everyone said the care at the service was 'Good' or 'Excellent'. The feedback received was not collated to look for patterns and trends and feedback was not provided to people and their relatives about the results and any action taken to improve the service.

The provider and registered manager had improved their oversight of the service. They had increased the number of checks completed to make sure the service was of a good standard, such as infection control audits. Audits completed by staff, had been checked to make sure these were effective. Checks of medicines had been completed each month to make sure medicines management practices continued to improve. Medicines administration errors were recorded. However, these did not show what action had been taken to reduce the chance of errors occurring again.

The provider told us they or their relative visited the service each week to check the quality of the service and support staff. Their visits and checks were not recorded so they could be used to monitor the continued improvements. Shortfalls in the quality of the service found during the inspection had not been identified by the provider or registered manager.

The registered manager and provider had failed to assess, monitor and improve the quality and safety of the service provided to people. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The building was secure and a new security camera had been fitted at the front door so staff could check visitor's identity before they entered. One person's relative told us, "You can't just walk in, the door is locked and you get challenged". Internal doors were not locked and people moved freely around the service and were not restricted. Environmental risk assessments had been completed; however not all areas of the

building had been included such as sluices rooms and the smoking shelter in the rear garden. There was a risk that hazards had not been identified so action to be taken to manage risks to people, visitors and staff. We would recommend that the provider obtain advice from a reputable source about assessing and mitigating risks associated with all areas of the building and grounds.

At our last inspection of May 2016 the provider and registered manager had failed to maintain an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to them and of decisions taken in relation to the care and treatment provided.

Records in respect of each person's care and support had improved; however further improvements were required. Records of decisions made in relation to people's care had not been consistently recorded and did not contain all the information needed to assess, review and plan people's care. Records of when people had been supported to change their position when in bed had improved.

One person's relative described the service to us as, "There is an atmosphere of friendly competence".

The registered manager had been managing the service for several years. Staff told us they felt supported by the registered manager and were confident to raise any concerns they had. The registered manager was always available to give staff advice and support, including overnight, at the weekend and when they were on leave.

Previously no one was appointed to oversee the management of the service when the registered manager was on leave. After the inspection the provider told us they planned to appoint a deputy manager to complete this role. A deputy manager had not been appointed but staff were allocated roles and responsibilities for the day to day management of the service in the registered manager's absence.

Since our last inspection the registered manager had been supported by the registered manager of another service the provider owned. However, they did not meet regularly with someone to discuss their role, development or clinical practice. This was an area for improvement.

The registered manager had delegated some day to day management tasks, such as shift handovers and quality checks to staff. One staff member told us, "Handover covers every resident and the senior carer allocates who we are to work with and what has to be done". An administrator had been appointed to complete administrative tasks such as preparing documents. Staff had information and the authority to maintain staffing levels in the registered manager's absence. For example, staff told us they were able to book agency staff if a member of the staff team was not able to cover a shift.

The registered manager had shared their vision of the quality of service they required with staff. One staff member told us, "All staff work to the same standards, [registered manager's name] leads by example and is clear about the standards she requires". Values including dignity and respect now underpinned the service people received. Staff told us they enjoyed working at the service and were motivated by the people and registered manager.

Staff knew their responsibilities and the behaviour standards the provider and registered manager required. For example, staff were reminded at staff meetings that they must lock their mobile phones away at the beginning of each shift and wear their uniform. They had been informed of the consequences of not complying with the required standards.

Staff worked together as a team to provide people's care and told us this had improved since our last

inspection. Staff meetings and one to one meetings had been held and staff had received feedback about their performance to develop their skills.

At our last inspection of May 2016 the provider and registered manager had failed to notify the Care Quality without delay when significant events happen at the service, such as the death of a person or when someone sustained a serious injury. Since our last inspection we had received notifications promptly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider and registered manager had failed to assess people's needs and plan their care with them, with a view to achieving peoples' preferences and ensuring their needs were met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had failed to operate proper and safe medicines management processes in relation to the administration and recording of medicines. The provider and registered manager had failed to respond to and manage risks associated with major incidents and emergency situations. The provider and registered manager had failed to assess the risks to people's health and safety, do all that was reasonably practicable to mitigate risks to people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager and provider had failed to assess, monitor and improve the quality and safety of the service provided to people.