SSB Carehomes Limited

Eagle Nursing Home

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Eagle Nursing Home is situated in the village of Eagle, seven miles from the city of Lincoln. The home is registered to provide accommodation and nursing for up to 29 older people, some of whom have needs associated with conditions such as dementia.

We inspected the home on 5 April 2016. There were 26 people living in the home when we carried out our inspection.

At the time of our inspection the home did not have a registered manager. However, the registered provider confirmed they had appointed a new manager in February 2016 and an application to register the new manager had been submitted to the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the manager had taken the necessary steps to ensure that people only received lawful care that respected their rights.

Staff were appropriately recruited to ensure they were suitable to work with vulnerable people. They had received training and support to deliver a good quality of care to people. An active training programme was in place to support staff to maintain and develop their skills.

Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People had been helped to avoid the risk of accidents and medicines were managed safely. There were enough staff on duty to give each person the individual support they needed.

People and their relatives were involved in planning their care and had been consulted about their individual preferences, interests and hobbies. However, the home did not always enable people to carry out meaningful activities on a flexible and planned basis in order to enable people, including those living with dementia to be stimulated or maintain and further develop their interests and hobbies.

People were supported by staff to be able to access a range of external health and social care professionals when they required any additional specialist support. People's medicines were managed in a safe way.

People and their relatives could freely express their views, opinions and any concerns to the provider, manager and staff. The provider and manager listened to what people had to say and took action to resolve

issues or concerns when they were raised with them. There were systems in place for handling and resolving any formal complaints. The provider and manager reviewed and reflected on concerns or untoward incidents and took any additional actions needed to keep developing and improving practices for the future.

People living at the home, their family and visiting health and social care professionals were invited to comment on the quality of the services provided. The provider and manager had developed a culture based on listening and learning about how care should be provided in order to identify and take action to keep improving the services provided at the home.

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.

There were enough staff on duty. The procedures for recruiting staff were safe and ensured only suitable staff were employed to work in the home.

Staff were aware of their responsibilities to keep people safe and knew how to access the procedures in place in order to report any concerns identified.

People had been helped to avoid the risk of accidents and medicines were managed safely.

Is the service effective?

Good

The service was effective.

People had access to good healthcare and their nutritional needs were met.

Staff were trained and supported to provide care for people in a way that met their needs and preferences.

Staff understood the systems in place to ensure people could make their own decisions, and how to provide care in a person's best interests when they could not do this.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff knew how each person needed to be looked after and people were supported; however there was a lack of meaningful activities available for people within the home.

People were consulted about the care they wished to receive.

Is the service well-led?

Good

The service was well-led.

The home was well run and staff were committed to meeting each person's individual care and support needs. The manager had a visible presence and provided good leadership.

Staff received regular supervision and support and were confident that any issues or concerns raised with the provider and manager would be addressed.

People and their relatives were encouraged to voice their opinions and views about the service provided.

The provider and manager worked closely together and completed regular quality audits and review checks to help ensure that people received consistent and safe care.

Eagle 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 was 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.

We visited Eagle Nursing Home on 5 April 2016. The inspection was unannounced. The inspection team consisted of a single inspector.

Before we carried out our inspection visit we looked at the information we held about the home such as feedback we had received from relatives of people who had lived at or stayed the home and notifications, which are events that happened in the home that the provider is required to tell us about. We also looked at information that had been sent to us by other agencies such as service commissioners and the local authority safeguarding team.

The registered provider also completed a Provider Information Return (PIR) and submitted this to us in advance of our inspection. This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We took the information it contained into account when we made our judgements in this report.

During our inspection we looked at four people's care records and spent time observing how staff provided care for people to help us better understand their experiences of the care they received. In addition, we undertook a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not speak directly with us.

As part of our inspection we spoke with six people and five relatives who visited the home. We also spoke with the manager of the home, a senior registered nurse who was part of the staff team, seven members of the care staff team, the cook, the homes administrator, the maintenance staff member and the registered provider.

We looked at the records related to three staff recruitment files, staff training records, supervision and

appraisal arrangements and staff duty rotas. We also looked at information regarding the arrangements for monitoring and maintaining the overall quality of the service provided within the home.

Good

Is the service safe?

Our findings

People said and showed us that they felt safe living at Eagle Nursing Home. One person told us, "I feel safe and sure because there are staff here who look after me." All of the relatives we spoke with during our visit said they were confident that their family members were cared for in a safe way.

Staff we spoke with told us they knew about any risks associated with each person's needs and that they worked together as a staff team to ensure any risk identified was minimised. Information we looked at in care plan records showed that potential risks to people's wellbeing had assessed and action taken to reduce them. These actions included the use of a range of equipment such as mobile hoists and wheelchair's to help people move around safely. We also saw when people had made the choice to move around without walking aids staff were vigilant and responded to any additional requests for help.

Staff told us, and records showed that when any accidents and incidents had occurred they had been recorded and reported to the manager so that steps could be taken to help prevent them from happening again. People's safety was also protected through regular checks on the equipment used by staff to provide care. This helped ensure the equipment available was consistently safe to use.

Staff we spoke with told us they had received training about keeping people safe from harm and knew the procedure in place to report any concerns they identified. Staff said that, where required, they also knew how to escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). We knew from our records that the manager and staff had worked with other agencies, such as the local authority safeguarding team to respond to and take actions to ensure people who lived at the home received safe care.

We spoke with the maintenance staff member who together with staff confirmed regular fire alarm tests and drills were undertaken at the home. To support these processes personal emergency evacuation plans had been prepared for people which detailed the help people would require in the event of needing to be evacuated from the building in the event of any emergency. We saw this information was easy to access for the manager and staff who were able to describe the help each person needed and how this would be given.

To support the emergency evacuation process the provider also had a business continuity plan in place in order to make sure people would be safe if and could be temporarily relocated if, for example, they could not live in the home due to a fire or flood.

When we looked around the home we saw some of the windows in people's rooms and communal areas did not have restrictor's on them and that they could be opened wide. We discussed the risks associated with the windows with the provider and manager. The provider took immediate action during the inspection to make the windows safe and confirmed they would consult with the local fire officer in regard to a review of the arrangements they had put in place.

The provider followed safe systems to recruit new staff. Staff we spoke with confirmed to us that a range of checks had been carried out before they were offered employment at the home. We saw that checks were carried out about potential staff member's identity and work history. Previous employment references had also been obtained. Disclosure and Barring Service (DBS) checks had been carried out to ensure staff would be suitable to work directly with the people who lived at the home. We also saw regular checks were carried out in support of the registered nurses employed by the provider to ensure their professional registrations remained valid and up to date.

The manager confirmed since they commenced in post they had taken responsibility for arranging the staff rotas and had introduced a system to ensure new staff received the support they needed whilst people were provided with safe care. Staffing levels were kept under regular review by the manager using information about any increase in care needs identified through care reviews and using feedback from staff about any changes in need. The manager told us this information helped them consistently identify the amount of staffing required to meet that need.

The provider and manager told us there had been some changes to the staff team in previous months which had led to them needing to recruit a number of new staff. During this period of recruitment there had been gaps in the staff team which needed to be filled through the use of agency staff. The manager confirmed the provider had supported them to access agency staff to ensure staffing levels could be maintained. The rota information we looked at showed staff with a combination of experience, nursing and care skills were deployed over each shift to make sure the skill mix was right for the people being cared for. During our inspection we saw and staff told us they had sufficient time to meet people's needs and to talk to them and their relatives freely without rushing.

We reviewed the arrangements for the storage and administration of medicines together with the nurse in charge of the shift and saw that these were in line with good practice and national guidance. Staff told us, and records confirmed that only staff with the necessary training could access medicines and help people to take them. Where people required medication at specific times systems and records were in place to show how the support was given. Internal checks and audits were in place to make sure the systems remained safe and consistent. An audit of medicine management which had been conducted externally by a visiting pharmacist in December 2015 also confirmed there were no recommendations to follow up or actions required.

Good

Is the service effective?

Our findings

People we spoke with told us they felt staff had the skills to meet their needs. One person said, "The staff are willing to help. They are always busy but they are good at what they do." A relative we spoke with told us their family member had received support to recover from an injury they had before they moved to the home. The relative said, "The staff have done a wonderful job since [My relative] moved here. Its changed my attitude to care and the staff have been marvellous." The relative also went on to say, "[My relative] is now out of plaster and having not been able to do personal care type things a number of months they are now able to because there has been a plan in place to support the improvements needed."

New members of staff received an induction and staff we spoke with said induction and training and development opportunities had helped them be more confident in their ability to meet people's individual needs. The manager told us that all new staff recruited were supported to undertake the new national Care Certificate. The Care Certificate sets out common induction standards for social care staff. One new staff member we spoke with confirmed this was the case and told us they were working through the information related to the Care Certificate as part of the induction. Staff confirmed their induction had included any training identified as necessary for the service and familiarisation with the provider's policies and procedures. This was followed by a period of shadowing more experienced members of staff before any new employee was deployed as a full member of the team.

The manager showed us records to confirm they had planned a training programme which was based on the needs of the people who lived at the home and the learning needs of staff. The established staff we spoke with told us that an on-going training ensured their skills and knowledge were kept up to date and they were able to develop new skills where required. Training provided and planned included dementia awareness, moving and handling, personal care equality and diversity and providing end of life care.

The manager also told us that the training helped ensure all staff were up to date with any changes or developments in practice. Records also showed that many of the staff were working toward held or a nationally recognised qualification related to their roles.

Staff told us they felt supported by the manager and senior team members. Staff told us and records showed arrangements were in place to provide staff with regular supervision sessions and we also saw that appraisals had been scheduled by the manager for all staff so that they could review any learning and development needs and identify and plan their future training together.

Staff we spoke with, including new staff demonstrated their understanding of people's needs and how they liked their care to be provided. They were able to give examples of individual preferences people had for receiving personal care and for support with social interactions. We saw an example of this type of support being given when we observed two staff members helping two people who had showed an interest in sitting down and taking part in a board game. We saw the interactions between staff and the two people were friendly and that staff encouragement helped the people to feel relaxed and take part in the game together.

Care plans included information to show people had been consulted about the arrangements for their care. For example, one person had needed bed rails fitted to reduce the risk of them falling out of bed. Information in the care records showed they had signed to say they agreed with them being used.
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. The manager and staff demonstrated their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about the processes for making decisions in people's best interest and how they should also support people to make their own decisions.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated their understanding of DoLS guidelines and the manager knew how to make an application for DoLS authorisations where necessary. On the day of the inspection the manager confirmed 18 DoLS applications had been submitted and there were two active DoLS authorisations in place. Staff told us and records confirmed they had received training about these legal safeguards.

People's likes, dislikes, dietary preferences and requirements were recorded when they moved into the home. We spoke with the cook who demonstrated a good understanding of people's individual nutritional needs and preferences. Menus were planned in advance and there were records which showed the rolling four week menu was changed seasonally. Alternative food choices were also provided on request. This information was reviewed and updated as people's preferences and needs changed. The cook showed us the information they had available for reference so they knew who needed additional support, for example if they were at risk of being malnourished, getting dehydrated and from choking. When this was the case people's food was prepared in ways so that they could eat their meals safely. Where additional support had been identified as needed people had been referred for input from dietary professionals.

During our inspection we spent some time in one of the communal lounge areas of the home and observed people who chose to have their meal in the dining area could sit where they wanted to eat their lunch. We observed meal times had been made a social occasion for people and were provided with a good range of food and drink which matched their choices. People were supported to eat as independently as possible through the use of adapted utensils. When people needed extra help to eat and drink this was given by staff who were attentive to people's needs. In addition to the main meal times we also observed hot and cold drinks were also offered by staff at regular intervals throughout the day in order to reduce the risk of people becoming dehydrated.

People's care plans showed that people's healthcare needs were monitored and supported through the involvement of the registered nurses employed by the home. Input was also provided by a range of relevant visiting health and social care professionals including local doctors who visited the home on a regular basis.

Good

Is the service caring?

Our findings

One person said, "The staff are very caring and I like them." Another person said the manager and staff are attentive and easy to talk to." A relative we spoke with said, "[My relative] has put on seven pounds since they came here and we can see they are improving. The manager got involved in helping [My relative] with their mobility. I have a good rapport with all of the staff."

We saw that people's bedrooms had been decorated and furnished individually and that many people had family photographs and other personal souvenirs on display. We spoke with one person who had just moved into the home together with their relative. The relative told us they had been supported to personalise their family members room and said, "We are happy because the view is great and the room has just been decorated. Its set out in the way we want things and it feels like the right sort of environment for [My relative]." In addition to their own bedrooms, people could choose to spend time in the communal lounge areas and in the gardens of the home.

Through our observations and discussion with the manager and staff team it was clear that staff knew people well. We saw staff used people's first names when speaking with them. People responded to any discussion with established staff by also using staff first names. During our inspection we spoke with two relatives who said there family member had recently moved into the home and they were keen to ensure they could keep in touch with their family member on a regular basis. We saw the relatives held a discussion with the manager who explained how contact could be maintained and suggested the use of telephones and the Wi-Fi system installed at the home as a way of speaking together whenever they wished. Both relatives told us they were happy with the outcome of the discussion.

People we spoke with told us and we observed that staff always asked if they could perform a care task before they undertook it and were polite when they spoke with people. One person told us, "I like to have a key to my room at night so I can choose to lock it." The person had their key and said staff respected their decision. The person also showed us the door to their room included a sign asking people to knock before they entered. They said this further supported their decision to be private when they chose to be.

We saw the manager had recently worked together with staff to improve the reception area of the home to include information about how they were committed to work toward maintain people's dignity at all times. The information also included a large mural painted on the wall called a remembrance tree. The manager told us they had just completed this and with relative's permission intended to use it to include any messages from relatives friends about their memories regarding people who had lived at the service and the care they had received whist they had lived there.

Staff were friendly, patient and discreet when supporting people with their personal care needs. We observed that they recognised the importance of not intruding into people's private space by knocking on the doors to private areas before entering. We also saw staff ensured doors to people's bedrooms and communal bathrooms and toilets were closed when people were receiving personal care.

We spoke with staff about what it meant to support people to maintain their dignity. Staff gave us examples which included supporting people to be private when they wanted to be and to knock on peoples doors before they entered their rooms. The manager told us as a result of reviewing the arrangements for supporting people she was in the process of identifying how staff could continue to learn from each other about continuing to develop a caring approach across the whole staff team. The manager told us they had taken a decision to assign the role of 'dignity champion' to a care staff team member. This is a government initiative which aims to put dignity at the heart of care services. The role of dignity champions is to stand up and challenge disrespectful behaviour. After we completed our inspection the manager told us that a staff member at the home had taken on the role of dignity champion and that issues related to dignity would be discussed at all future team meetings.

People and relatives we spoke with said that they understood the staff maintained care records so they knew how to provide the care people needed. The manager and staff we spoke with told us about the importance of respecting personal information that people had shared with them in confidence. The provider had a policy and guidance in place for staff to refer to regarding retaining information and disposing of confidential records and information. The manager and staff confirmed staff had access to this and understood how it should be applied. We saw peoples' care records were stored securely so only the manager and staff could access them. This meant people could be assured that their personal information remained confidential.

The manager also confirmed they had access to information about local advocacy services and how people could access these if they needed to. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. Although no one had needed to use the services, the information to was readily available for people to access.

Requires Improvement

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home to help ensure the staff could meet their wishes and expectations. A relative we spoke with told us, "The manager came out to see us before the move to this home took place. They did a pre-admission assessment and filled in a booklet called 'All about me' which helped in giving the information needed for the staff to provide care." We saw assessments undertaken by staff were used to complete a care plan record. A care plan is a document which details people's assessed social and health care needs and informs staff how they should meet those needs.

The manager showed us they were in the process of changing the current system for recording how care was provided with a new care plan format. We saw an example of the new care plan which included more information and details of each area the person needed to be cared for and any decisions they had made about how they wanted care to be delivered. Care plans had been personalised for each individual and gave clear details about each person's specific needs and how care was being given. For example, the records included information and guidance for staff about when people needed help to turn in bed to reduce the risk of getting sore and how and when they needed support to manage conditions such as diabetes. The care plans had been developed and were reviewed regularly by the manager and staff in consultation with people and their relatives.

The manager told us that the care staff team worked to support people in maintaining their general hobbies and interests and that they had a dedicated activities staff member in place who provided support with specific activities for five hours a day on Mondays and Fridays each week.

There were a range of activities highlighted on an activity board in the home. These included general games and craft sessions. During our inspection we observed positive interactions between people and staff who were undertaking a 'Circle game' and people told us they enjoyed this. However, we also saw some people who had chosen not to take part or where being cared for in their rooms did not always have access to alternative activities. When we spoke with the manager about this they confirmed the limited availability of dedicated time to support people with activities meant there were periods when some people did not have access to regular activities.

The manager and provider told us they had already recognised this as an area which needed to be addressed and that they planned to work together with people, their relative's and staff to review and improve the range of person centred activities available.

The manager and provider told us they had reviewed the arrangements in place for staff time, which would be increased to enable staff to undertake activities. The manager said the work being undertaken would also include the development of research into more therapeutic one to one activities within the home. After we completed our inspection the manager sent us information which confirmed they had a strategy in place which was being implemented and which included having an activities staff member and time in place for each day. They also told us they were seeking more up-to-date research and resources to ensure people had greater access to meaningful activities for all of the people who lived at the home, including those living with

dementia.
The manager told us and information in the homes statement of purpose confirmed people who wished to practise their religion were given any support needed to do this. This included making contact with any local place of worship and arranging for people to maintain their religion in the community or to request that a minister or member of any specific religious group to visit people at the home. The manager and people and staff we spoke with also confirmed that although they celebrated the main annual Christian festivals, wherever needed any other religious events people wished to celebrate would also be supported and respected.

There was a complaints policy and procedure available for people and any visitors to the home which informed people how to raise any concerns they may have. Information about how to complain was also detailed in copies of the home statement of purpose and service user guide.

Relatives we spoke with during our inspection and people who lived at the home told us they would go to the manager or person on duty at the time they had any concerns and that they felt comfortable doing this. The provider and manager told us how any complaints received were followed up as quickly as possible and actions monitored for themes and learning so that any additional actions needed would be taken. At the time of our inspection the provider confirmed they had recently received and responded to a formal complaint. Information we looked at showed how the provider had responded and the specific actions they had undertaken in response to the concerns raised. The provider and manager told us reflection and implementation of the learning they had gained as a result of the complaint had helped to improve the services people their relatives received.

Good

Is the service well-led?

Our findings

People and relatives spoke highly of the manager and provider. One person said. "I am happy to be here" and "This is home to me." A relative commented that, "The manager has really worked hard to get to know us and is making sure gets to know things from our perspective so we are part of any developments. These things take time but it's all good what we have seen." Another relative said, "I visit regularly and I think since the new manager has been here the home is being transformed. Things were fine before but look at the décor changes and the information around about what is expected from staff. It's about the things we need to know about and I think it's all developing well."

Since our last inspection we knew there had been a change in the management at the home. The provider had appointed a new manager in February 2016 and an application for the manager to register with us had been submitted. We saw the manager and nurse in charge led and worked together well with the staff team and that they were readily available to speak with people, their relatives and staff. When it was needed the manager was quick to give direction and guidance to staff and through this interaction we saw they had developed a good knowledge and understanding of how the staff team were working and about people's individual needs.

Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and staff we spoke with told us they knew the provider well and that they had good access to them. The manager told us since commencing in her role the manager had reviewed the skills and experience within the staff team and developed good understanding of staff competencies and people's individual care needs and preferences.

Records showed and staff told us they received regular supervision and staff said they knew about and fully understood the provider's whistle blowing procedure and how this would be used by them if they had concerns about the running of the home or the home owners that could not be addressed internally.

Staff told us and records showed staff meetings were held regularly. We looked at the records for the last staff meeting. Subjects discussed had included; staff recruitment and deployment, individual changes in care needs for people and the development of care plans.

The manager informed us of any untoward incidents or events which happened within the home in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations. Records showed they regularly reviewed their accident and incident records so that they could ensure the risks of them happening again were minimised.

The provider and manager told us, and records confirmed that the provider undertook regular visits to home in order to carry out quality audits together with the manager. The provider retained reports resulting from the visits and used these to identify the themes for discussion with the manager through monthly manager meetings held together with the managers of Eagle Nursing home and another home owned by the provider. An agenda was set in advance so the managers could contribute to it. Records for these

meetings were maintained and available for us to view. In addition to discussions about the developments regarding the environment and staffing the record we looked at for the last meeting held on 23 March 2016 showed that there had been a discussion about the need to consider how activities could be further developed and that the provider and manager were taking action to address this need.

People and relatives we spoke with during our inspection visit told us they felt involved in the running of the home. They said the manager kept them up to date with any developments and improvements and asked for their opinions. We also saw that people, their relatives, staff and external agencies were provided with the opportunity to express their views about the home through the use of questionnaires and quarterly surveys.

The provider carried out regular surveys with people, relatives and visiting professionals and told us a survey had recently been completed. They shared the feedback they had received and analysed in January 2016. Overall this was positive. However some of the feedback indicated there were some suggested areas for improvement. The provider and manager showed us they had used this feedback to agree a range of actions which included; the continued refurbishment of the home and the further development of meaningful activities for people. The provider and manager told us seeking and using feedback in this way helped to create a culture of continuous improvement which they intended to maintain.