

South Coast Nursing Homes Limited

Eastridge Manor EMI

Nursing and Residential Home

Inspection report

Wineham Lane
Bolney
Haywards Heath
West Sussex
RH17 5SD

Tel: 01444881768

Date of inspection visit:
28 June 2022
30 June 2022

Date of publication:
30 August 2022

Ratings

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

Summary of findings

Overall summary

About the service

Eastridge Manor Nursing Home is a residential care home providing personal and nursing care to up to 53 people. At the time of the inspection there were 52 people living at the home, who were living with various nursing needs, including poor mobility, diabetes, those living with various stages of dementia and end of life care.

Eastridge Manor is a large detached property, consisting of a main house and purpose-built nursing wing in extensive grounds. Accommodation is provided over two floors, with passenger lifts providing access between floors.

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

People told us they were happy at the home and with the care they received from staff. One person said, "I am very happy here, they make me feel like this is my home. They look after me very well." One relative said, "I feel they really genuinely care. They make me feel confident that they are doing everything they can. I want (person) to have the best quality of life she can."

People told us they felt safe living at the home, and relatives said they felt that their loved ones were safely cared for. Risks to people's health and wellbeing were assessed and mitigated by staff who knew them well. People were protected from the risk of abuse.

Risks to people's wellbeing had been assessed and staff ensured that these risks were reduced as much as possible. People were supported by enough skilled and trained staff to meet their needs. Training was provided to staff in order to meet the needs of people at the home. People's nutritional and hydration needs were met and monitored for those who were assessed as being at risk.

Staff ensured that people were protected from infection throughout the COVID-19 pandemic. Training and guidance had been provided to support staff to do this.

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

People told us, and we observed, that there were activities and engagement at the home. People's views were listened to and acted upon and they and their relatives felt confident that concerns would be acted upon.

People, staff and relatives spoke positively about the registered manager. Management was approachable and open to feedback and discussions about people's care. The quality of people's care was supported by effective quality assurance systems.

People told us that they were involved in their support and that staff and management sought their views and opinions. The provider and manager continuously looked to improve the service to achieve better outcomes for people. People, staff and relatives spoke highly of the manager.

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

Rating at last inspection and update

The last rating for this service was good (published 4 October 2018).

Why we inspected

The inspection was prompted in part due to concerns received about nutrition and hydration. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Eastridge Manor EMI Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The first day of the inspection was carried out by two inspectors. The second day was undertaken by one inspector.

Service and service type

Eastridge Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eastridge Manor Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally

responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since they registered. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who were using the service about their experience of the care provided and four family members. We spoke with nine staff members including the Regional Operations Manager (who was acting as manager of the home), Managing Director, registered nurse, chef, activities coordinator and two care assistants.

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were effective in safeguarding people from abuse.
- Staff were aware of their responsibilities under safeguarding, were able to describe how they would recognise signs of abuse and knew how to report any concerns that they had about people's safety.
- Records showed that the provider had consistently made the local authority aware of safeguarding incidents in line with their safeguarding policies to ensure people were protected from potential abuse. One relative said, "It's a very safe place."
- Systems and processes were in place to review incidents such as falls and when people's anxieties were heightened. Actions had been taken to mitigate further occurrences and support the person at the time.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed well in areas such as mobility and skin integrity. Many people had risks associated with their mobility and needed support to move around. There was detailed guidance for staff in how to support people in the way they preferred and to keep them safe. One person said, "I feel incredible safe here. If I fall, I know somebody will come quickly." One staff member said, "Falls management is managed well. During the handover we are asked to do monitoring of those who are at risk of falls. Its documented in [electronic system] that we check hourly. We minimise the risk with sensor mats. We respond to bells quite well here."
- People living with long term health conditions were assessed and supported to monitor risks associated with their health. For example, one person had a diagnosis of epilepsy. Staff monitored any potential symptoms and signs of seizure activity while regular appointments were maintained to monitor their condition.
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency Evacuation Plans (PEEP) were in place and provided details about people's individual support needs and how these should be met in an emergency.

Staffing and recruitment

- There were enough staff in place to ensure people remained safe and met their needs. People who required additional staff to mobilise or to eat at mealtimes were supported safely and patiently.
- We observed good levels of staffing throughout the inspection. Where people needed additional support, staff were available to support them. One staff member said, "There's enough staffing. There is some agency. It's hard work but we are doing fine actually."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to

work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People needed support with medicines. There were effective systems in place to ensure that medicines were administered safely.
- Staff had received training in administration of medicines and had regular checks to ensure they remained competent. The provider had appropriate policies and procedures regarding the handling and administration of medicines.
- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately. One professional said, "The quality of the record keeping appeared to be very good. MAR charts were all up to date, the electronic care plans had all the correct details documented that were required to answer clinical questions."
- We observed people receiving their medicines. People were told what their medicines were for and were administered in ways that people wanted.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with the current guidance

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough.
- Most people required support to maintain their nutritional and hydration needs as they were at risk of malnutrition and hydration without it. These needs had been assessed and risk assessments and care plans had been completed for staff to support them. Staff monitored these risks well. People's weight was recorded regularly while staff used the Malnutrition Universal Screening Tool (MUST) to identify and monitor those people who were at risk of malnutrition.
- Some people had difficulty with swallowing food and these risks had been assessed. When people had been assessed as requiring specialist support, appropriate referrals and assessments had been completed to speech and language therapists (SaLT). Guidance was being followed to support people safely.
- People were offered additional support to maintain healthy weight levels. They were supported by a programme to provide high calorific diets that included fortified drinks and additional snacks during the day. Menus were based on people's nutritional needs and preferences.
- People and relatives told us that the food they were given was good. One person said, "Food is ok, I can't grumble about the food. They cater for everyone here." A relative told us, "Food seems to be good too, mum enjoys it."
- People were supported to maintain their nutritional and hydration needs by staff whose competency and skills in this area were regularly checked. Competency checks were made on staff's completion of Nourish, an electronic system where staff record and update people's eating and drinking progress. Staff received observations of their skills in supporting people to eat and encouragement to drink fluids, while their knowledge of modified foods and thickened liquids used for people with dysphagia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they came to live at Eastridge Manor and had been regularly reviewed to reflect any changes in support. Staff delivered care in line with standards and good practice.
- The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately. This information was reflected and recorded in their care plans before care was provided.
- People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, people were assessed using the Universal Pain Assessment Tool (UPAT). This is used to assess the level of pain in people with limited communication skills. The UPAT enables clinical staff to consult a specialized pain management team more often and lead to earlier interventions.

Staff support: induction, training, skills and experience

- Staff completed an induction and received relevant training in order to undertake their role. One staff member said, "The induction was really good. They always ask if you want to go on another course we can. Quality of the training is good; they are open to questions and always get back to us. I can't fault the training."
- Staff had received mandatory training in areas such as safeguarding, infection control, dementia and moving and handling. One relative said, "The staff are really well trained in dementia."
- Staff received additional training the provider considered appropriate to the role. For example, registered nurses completed training in wound care, use of syringe drivers and PEG (Percutaneous Endoscopic Gastrostomy). This is to support people who receive nutrition, fluids and/or medications directly into the stomach.

Adapting service, design, decoration to meet people's needs

- The service was homely and had been adapted and designed to meet people's needs. For example, people with mobility needs were supported with appropriate flooring and grab rails to support them.
- Bedrooms, hallways and access areas had sufficient space to accommodate the use of moving and handling equipment such as hoists and wheelchairs. People's individual mobility needs had been considered with the design of bedrooms with access to tracking hoists and wet rooms.
- People were able to decorate and personalise their rooms and were involved in decisions about the environment. We observed people had decorated their rooms with photographs and personal belongings.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received appropriate support to maintain good health. They were supported to attend regular health appointments, including any specialist appointments. People also saw their optician, dentist and chiropodist regularly. Oral care support plans detailed what staff needed to do to support people effectively. These were regularly audited.
- Staff continued to work effectively with other agencies and in partnership with professionals to meet people's needs. Records showed that appropriate and timely referrals were made to specialists such as speech and language therapists (SaLT), tissue viability nurses, falls and dementia crisis team.
- People were supported to receive consistent care when they moved to the service. Information about people's health support needs and specialist input was used to inform care planning when people moved to the home.

Ensuring consent to care and treatment in line with law and guidance

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met.

- Staff had been trained in the application of the Mental Capacity Act and demonstrated an understanding of the important issues around capacity and choice.
- Staff understood the importance of gaining consent from people and what actions to take if consent was not given. One staff member said, "We seek consent from the residents. If they are unsettled, we ask them again and give them options. We encourage them still."
- Care plans contained decision specific mental capacity assessments which determined people's ability to decide and make choices. Complex decisions were discussed at best interest meetings with support from relatives and sometimes professionals when appropriate to do so.
- The deprivation of liberty safeguards (DoLS) mean that people can only be deprived of their liberty or have restrictions on their lives with the appropriate legal authority. These legal obligations had been met and the provider and staff demonstrated understanding of this process and its practical application.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported by kind and caring staff. One person said, "They are so kind and understanding. I find the girls are super. They've been more than kind to me. I only have to go up to one of them and I can ask for anything. They are incredibly helpful."
- People and their relatives were consistently positive about the caring attitude of staff. One family member said about their loved one, "They can't look after her any better than they do here."
- We observed a number of interactions where staff showed compassion towards people and an understanding of their individual needs. For example, one person was experiencing heightened anxiety and confusion. Staff provided close support and constant reassurances in order to minimise those anxieties. The person was comforted with a doll which can support therapy for people with dementia and provide comfort when anxious.
- People's diverse cultural, religious and spiritual needs were recorded when they moved to the service and staff supported them, when needed, to meet those needs. For example, gender care plans recorded people's views and preferences and how they wished to be identified in terms of their gender or orientation.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff to express their views and to make decisions about their own care. Resident meetings were held regularly that allowed people to raise any concerns or make suggestions on how staff could provide them with improved support.
- People and their family members told us they could express their views and be involved in their care. We observed people being offered choices of what they would like to eat and drink, as well as decisions on what activities they wanted to be involved in. One relative said, "Staff are so reassuring and kind to us as well as mum."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "I am treated with a lot of respect here."
- Throughout the inspection we observed people's privacy being respected. Staff knocked on people's door before entering, while people were addressed and spoken to with respect. One person said, "People are very helpful here. They are very kind and helpful."
- We observed staff supporting people to maintain their dignity. Staff provided patient and respectful support during lunch when people required support to eat.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care that was responsive to their needs. At the last inspection we observed missed opportunities for engagement with people. At this inspection, staff were attentive and responsive when people required or requested support. One person said, "If I ask them, they sort things out for me."
- People received well-planned, person-centred support that was individual to the person. People's care and support plans were person-centred and included preferences, interests and dislikes as well as their physical and emotional well-being.
- People had social stimulation care plans in place that detailed what activities were personal to them and how staff could support them with these. These detailed activities they wished to undertake and whether they preferred group activities or individual occupation. For example, one person loved sewing and gardening, and staff supported them in the arts and crafts sessions and to tend to the garden. We observed people receiving one to one hand massages while people were seen happily participating in a group flower arranging activity.
- Outside of activities, stimulation care plans detailed what friendships and connections the person has made in the home. For example, one person had become friendly with a neighbour and their plan detailed that they were happy to sit in each other's rooms, which staff supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had detailed communication plans in place which gave staff information about how to effectively engage with them. For example, one person required staff to speak in a calm voice. Due to the person's communication barriers, their plan detailed how they would communicate their wishes to staff.
- People's care plans detailed information on any sensory difficulties and how best staff could support them. For example, one person with a visual impairment was supported by staff who ensured that they communicated with them at eye level.
- No one at the home required information presented to them in an alternative format. The provider had the means to adapt care documentation to meet people's requirements if needed.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to make a complaint and told us they felt any concerns would be listened to and acted upon. One relative said, "I've never had to make a complaint, but I would speak to any of the staff if I had an issue."
- Complaints that the provider had received had been dealt with appropriately and according to the providers complaints policy.
- People were encouraged to provide feedback so they could ensure the service worked well for them. Records confirmed that regular residents' meetings were held where people could discuss concerns about the service or their care.

End of life care and support

- End of life care plans were in place for people that captured their wishes and preferences.
- Guidance was in place on to support people meet their personal preferences, spiritual wishes and how to provide compassionate personal care.
- People had made advanced decisions and personal preferences for their care in terms of where they wished to be supported at the end of their lives, as well as clinical recommendations for emergency care and treatment. Where applicable, anticipatory medicines had been prescribed to support people at the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the time of the inspection, there was no registered manager in place. Management oversight was being provided by the Regional Operations Manager. People, staff and relatives had been informed of the governance arrangements.
- The manager was clear about their regulatory responsibilities and had continued to work with local authorities and the CQC to ensure that legal requirements were met. Statutory notifications had been submitted to CQC appropriately. Statutory notifications are information the provider is required to send us about the home.
- Quality assurance systems were effective in ensuring the quality of the care and support provided. These systems monitored areas such as health and safety, people's medicines, falls and incidents and activities. The manager was supported in their oversight of the home with regular audits from the providers health and safety and quality team.
- Quality Assurance audits were effective in identifying trends or when support needed to be changed. For example, an analysis of falls incidents had resulted in changes to one person's environment and additional mobility equipment being sourced to support them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a relaxed and informal atmosphere around the home. People looked happy and staff were observed providing a person-centred approach.
- People, their relatives and staff told us that the manager worked closely with people directly and took an active approach. One staff member said, "[She] is very good with the residents. She has time and patience with people, and she will deal with any problems." Another said, "[The manager] is great. She manages the floor well. She delegates and ensures that people have done their tasks. It's really good management."
- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their family members told us that they felt engaged and informed. Satisfaction surveys had been completed and staff looked at these to drive improvement.
- People's feedback was obtained during residents' meetings and through reviews of their support. Relatives were invited to these meetings to add their feedback. One relative said, "They are proactive and welcoming."
- Staff told us that they were well informed, and that communication was effective in supporting them to undertake their role. One staff member said, "Information is shared well. It's done in handover and passed into the diary and discussed during the morning handover. We have a list of tasks to do. Then we check before we leave. Communication is really good here."
- Staff had developed positive working relationships with a range of health and social care professionals. Staff had formed good links with professionals in areas such as GP's, Speech and Language Therapists and local authorities who funded people's care.
- Professionals spoke positively about their experiences with staff and supporting people at the home. One professional said, "I find the management extremely supportive to any suggestions I make."