

## Ealing Manor Nursing Home

# Ealing Manor 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ealing Manor Nursing Home is a care home for up to 33 older people with nursing needs. At the time of our inspection, 30 people were living at the service. Some people were living with the experience of dementia.

The care home was owned and managed by a private partnership, and this was their only care home.

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

People using the service were happy and well cared for. They had been involved in planning their care and staff understood their needs and supported them well. People had access to healthcare services and the staff monitored changes in their conditions and needs. They had enough to eat and drink and took part in a range of different social activities.

Staff assessed risks to people's safety and wellbeing and planned for these. They provided support for people to have their medicines as prescribed and monitored any accidents or incidents to make sure people were safely cared for.

People were cared for by enough staff and did not have to wait for care. Staff were well trained and supported. Procedures for recruiting staff made sure they were appropriately qualified and had the right attitude and skills.

The registered manager and provider had a good understanding of the service and their regulatory requirements. They had systems for monitoring quality and for investigating complaints and safeguarding alerts. People using the service, staff and visitors felt the management team were approachable and responsive.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 7 March 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# Ealing Manor Nursing 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 Care Act 2014.

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

#### Inspection team

The inspection was conducted by two inspectors and a member of the CQC medicines team.

#### Service and service type

Ealing Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and the relative of one person. We also observed how people were being cared for and supported. We spoke with staff on duty who included, care workers, nurses, the chef, activities coordinator, registered manager and one of the partners of the registered provider.

We conducted a partial tour of the building and looked at how infection, prevention and control was being managed.

We looked at care records for four people, five staff records, and other records used by the provider to manage the service, which included audits, quality checks and meeting minutes.

We looked at how medicines were being managed, including administration, storage and record keeping.

#### After the inspection

We spoke with the relative of one person who used the service and a visiting healthcare professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we identified risks were not always assessed, monitored or mitigated. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of Regulation 12.

- The provider had ensured risks to people's safety and wellbeing were assessed, monitored and planned for. Assessments were regularly reviewed. Staff had the training they needed to care for people safely and we saw them supporting people to move around the building safely.
- The staff worked closely with other professionals when assessing risks, to make sure best practice guidance was incorporated into plans for managing these risks.
- The environment was safely maintained, with staff carrying out checks each day to ensure hazards were identified and any risks mitigated. The provider had assessed risks within the environment.
- There were regular checks on equipment, gas, electricity, water and fire safety. The staff had created individual evacuation plans for each person and these clearly described how they should be supported in the event of an emergency evacuation.

### Using medicines safely

At our last inspection, we found medicines were not always safely managed. This was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of Regulation 12.

- Medicines were safely managed. There were systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were stored securely, and records were appropriately kept. We found that fridge and room temperatures were monitored to make sure these were within suitable ranges.
- The provider maintained a system to monitor and audit people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, a daily and monthly audit by the manager and care staff were carried out to ensure medicines were up to date and appropriate.
- We were assured that medicines related incidents were investigated properly with appropriate action

plans and there were adequate processes in place to ensure staff learned from these incidents to prevent them occurring again.

- People received their medicines as prescribed, including Controlled Drugs. We looked at medicines administration records for 10 people and found no unexplained omitted doses in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed.
- There were separate charts for people who had medicines such as patches, ointments and creams prescribed to them (such as pain relief patches), and these were filled in appropriately by staff.
- The provider had a system in place to ensure where people needed support with their medicines this was received and managed in a safe way. During the inspection, we saw several instances of where people took PRN (as required) medicines and there were associated PRN protocols in place. This meant we had assurance that staff were able to administer these types of medicines effectively to people, with appropriate clinical guidance.

### Staffing and recruitment

At our last inspection, we found that the provider had not always deployed enough suitable staff. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of Regulation 18.

- There were enough suitable staff to support people and meet their needs. The registered manager told us shortages in staffing numbers had been resolved. We saw staffing rotas indicated there were always enough staff on duty. The provider did not use agency (temporary) staff and this meant all the staff were familiar with people's needs and care plans.
- People told us they did not have to wait for care, and they felt there were enough staff. We observed staff being attentive and they were available when people needed them.
- The provider had suitable systems for recruiting new members of staff. These included checks on their suitability and a formal interview. New staff completed a range of training, an induction and were assessed to make sure they had the skills and competencies needed for their roles.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes designed to safeguard people from abuse. The staff had training in these, and the procedures were discussed during team and individual staff meetings.
- The provider had reported allegations of abuse when needed and had worked with the local safeguarding authority to protect people from harm.

### Preventing and controlling infection

- People were protected by the prevention and control of infection. The provider had suitable procedures in this respect, and these had been updated since the start of the COVID-19 pandemic to reflect changes in practice in line with government guidance. They carried out regular COVID-19 testing.
- The staff demonstrated a good understanding of infection control and wore appropriate personal protective equipment (PPE) to help reduce the risk of infection spreading. There was information in display and PPE available for people using the service and visitors.
- There were suitable cleaning schedules, which included deep cleaning, appropriate disposal of clinical waste and systems for laundry. The staff and managers carried out audits of cleanliness and infection control to make sure procedures were being followed.



### Learning lessons when things go wrong

- The provider had suitable systems to learn when things went wrong. The registered manager joined the staff team for daily handovers of information and carried out reflective practice where they discussed any adverse events and how they could improve the service and learn from these.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, we found the provider had not always ensured consent to care and treatment was obtained in line with law and guidance. This was a breach of Regulation 11 (consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of Regulation 11.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had consented to their care and treatment where possible. When people lacked the mental capacity to make decisions about their care, the provider had worked with other agencies and people's representatives to assess their capacity and make decisions in their best interests.
- The registered manager had applied for DoLS authorisations as needed and kept a record of when these needed to be renewed. We saw that conditions of DoLS had been met.
- People and their families had been consulted about whether they wanted active treatment or resuscitation in the event of their heart stopping. Their decision was recorded so staff knew what to do.
- Staff offered people choices so they could make daily decisions about how they spent their time, whether they wanted care interventions and what they wanted to eat.

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

- Parts of the environment were in need of repair and redecoration. This included some damaged flooring and refurbishment of bathrooms. Some bathrooms were used for storage of hoists and equipment, which meant they did not always feel pleasant to spend time in. One of the registered partners told us they had started the process of refurbishment and were sourcing contractors to undertake this work. They said they would look at the storage arrangements for equipment in order to make better use of bathrooms.
- People had their own bedrooms which they were able to personalise with belongings and furniture. Communal rooms were light, airy and well ventilated. Corridors were equipped with grab rails, and there was a lift to all floors.

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

- People's needs and choices were assessed before they moved to the service so care could be planned to meet these. The staff used a range of good practice guidance and assessments to identify specific healthcare, dietary and medical needs.
- People using the service and their relatives were consulted throughout the assessment process to make sure their views were part of this.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, skilled and experienced. Many of the staff had worked at the service a long time, were familiar with policies and procedures and told us they had regular training.
- New staff completed inductions into the service, and the managers assessed their competencies and skills.
- The registered manager organised a range of training to meet staff needs. This included online and classroom-based training. They had invited other healthcare professionals to provide training when there was an identified area of need. Staff were also supported to obtain vocational qualifications and nurses took part in training to maintain their registration.
- The registered manager provided regular supervision and met with staff for daily handovers of information and reflective practice.

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

- People were supported to have enough to eat and drink. The chef knew people's individual needs and likes and prepared a menu to reflect these. They also offered additional choices when people did not want food on offer. People told us they liked the food, which was freshly prepared each day.
- The staff assessed people's nutritional and dietary needs. They had created plans which showed how these needs would be met and any specialist requirements. The chef was familiar with these. People assessed as at nutritional risk were referred to healthcare specialists and staff followed their guidance to care for people. People were regularly weighed, and their nutritional intake monitored when needed.
- People had enough to drink and were offered a range of different hot and cold drinks throughout the day.

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

- People were able to access healthcare services as needed. The doctor carried out a weekly round at the service and people told us they were able to request to see a doctor. Records of care showed that people saw other healthcare professionals and staff followed their guidance and plans.
- The provider employed nurses who monitored people's health and wellbeing. Care plans identified individual needs and how these should be met. One professional we spoke with told us the nurses were proactive in seeking the right support when needed and making timely referrals.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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. They had good relationships with the staff who cared for them. They told us this, as did their relatives, and we witnessed kind, gentle and caring interventions.
- One professional who we spoke with told us they had observed staff being gentle and giving very personalised care when washing and helping people. A relative commented that the staff always chatted and sang with the person when providing care, making sure they felt comfortable and safe.
- We saw staff approaching people in a calm and polite way, sitting with people, using gentle and appropriate touch and comforting them when they became distressed. They also laughed, sang and danced with people when they were talking with them and as they walked past them.

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

- People were able to make decisions about their care. Staff offered them choices about what they did, where they wanted to be and what they wanted to eat and drink. When people refused interventions, the staff politely respected this.
- People's views and things that were important to them were recorded in their care plans. The staff knew them well so were able to offer choices which reflected their known preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people. They addressed people politely and knocked on bedroom doors before entering. They made sure personal care was provided behind closed doors and they did not talk about people where others could hear.
- People were supported to be independent where they were able and were free to move around the home and garden independently if they could and wanted to. Staff allowed people to take their time and did not interfere if people were slow or wanted to do things themselves.

# Is the service responsive?

## Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

At our last inspection, we found people did not always receive personalised care and treatment. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of Regulation 9.

- People received personalised care which met their needs and reflected their preferences. People told us their needs were met. The staff had created care plans which described people's needs and how they wanted to be cared for. They were familiar with these and knew people well. Care notes recorded by staff showed that care plans were followed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in care plans. Some people did not speak English and the staff worked with their families to help identify how they could communicate with them. The staff also told us they understood people's body language and facial expressions so they could interpret these when needed.

- The relative of one person told us they helped to translate information so the person could understand. The registered manager confirmed this, telling us they worked closely with families to help explain people's care to them.

- Staff were aware of people's sight and hearing impairments and took account of these and other sensory needs when communicating with them.

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 took part in a range of different activities. The provider employed a member of staff who organised these. People told us they enjoyed some of the group and organised activities, such as baking, bingo and crafts.

- People were supported to maintain relationships with the friends and families. The provider updated the

visiting procedure in line with government guidance during the COVID-19 pandemic. Visitors told us they felt supported to stay in touch with their loved ones.

#### Improving care quality in response to complaints or concerns

- There was a suitable complaints procedure, which visitors and staff understood. There had not been any formal complaints since the last inspection. People using the service and their families told us they would be happy to speak with the management team about any concerns.

#### End of life care and support

- People were well supported at the end of their lives. The staff worked closely with the palliative care team. We spoke with one of the palliative care nurses who told us they felt a very good level of care was provided for people. They said staff demonstrated a good knowledge of pain management and knew when to consult the doctor and when to make decisions about care interventions.

- The staff worked closely with people using the service and their families to make sure their wishes were known and followed. One healthcare professional told us, "[Staff] really pay attention to every single detail, providing comfort and meeting [people's] needs. They really focus on the patient and provide tender loving care. People are in really good hands when they go [to Ealing Manor Nursing Home]."

- The staff had recorded information about people's wishes and fears for the time at the end of their lives, so they knew how to support them. For example, they had recorded when someone was afraid to go into hospital. Records showed they had consulted with family members and the palliative care nurse told us the staff were good at having difficult conversations with family members to make sure they had all the information they needed.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection, we found systems and processes for monitoring and improving the quality of the service were not always operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of Regulation 17.

- The provider had systems to assess and monitor the quality of the service. They had identified where improvements were needed and carried out regular audits and checks. There had been improvements since our last inspection, with further improvements planned, such as redecoration.
- The registered manager and partner were receptive to feedback at the end of the inspection and contacted us afterwards to let us know the improvements they had started to make following suggestions from the inspection team.

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

- There was a positive culture at the service, with people, their relatives and staff referring to a family atmosphere. Staff told us they enjoyed their work and "loved" the people they cared for. They said they worked closely as a team and this benefited people living there.
- People's comments included, "I like living here" and "It feels like a home." People received personalised care from staff who knew them well, this was particularly apparent in the end of life care they provided for people to make sure they were comfortable and pain free.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and managers understood duty of candour. They notified CQC regarding significant events and had made sure they contacted families and professional representatives for people when things went wrong to explain what had happened and what they were doing to put things right.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

- The registered manager, partners and staff were experienced and understood their responsibilities. The registered manager had worked at the service for many years. They knew all of the people using the service and staff well, and people knew them and felt happy speaking with them. Comments included, "[Registered manager] is very nice and talks to me" and "She is very pleasant and friendly."
- The professional who we spoke with told us the registered manager had a hands-on approach, demonstrating good care to staff and supporting them to learn. The staff also confirmed this and told us they felt well supported and able to learn. Staff comments included, "I feel supported always" and "I can go to the manager any time, her door is always open."

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

- The provider engaged with people to ask them for their views about the service. They normally asked people and families to complete quality satisfaction surveys, but this had not happened in 2020 due to the pandemic. However, they sought and acted on informal feedback.
- People's individual cultural, religious and language needs were respected. The staff worked with families to understand these and find out how they could support people to celebrate their culture and faith.

Working in partnership with others

- The registered manager worked closely with the local authority and other care providers. They attended forums where they discussed good practice and shared information and training.
- Staff worked closely with healthcare professionals, making referrals when needed and asking for advice and support. For example, they had been given external guidance and support during the COVID-19 pandemic about infection prevention and control.