

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Eglantine Villa Residential and Nursing Home

Eglantine Lane, Horton Kirby, Dartford, DA4 9JL

Tel: 01322863019

Date of Inspection: 30 April 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✗	Action needed

Details about this location

Registered Provider	Bupa Care Homes (CFC Homes) Limited
Registered Manager	Mrs Julie Taylor
Overview of the service	Eglantine Villa provides services for older people in two adjoining buildings. Jasmine Lodge provides care for up to 26 older people with nursing needs. Lavender Cottage provides residential care for up to 25 older people with dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Eglantine Villa Residential and Nursing Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Meeting nutritional needs
- Staffing
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

The inspection was conducted by one inspector. The home is divided into two separate units. We focussed our inspection on the Lavender unit in order to follow up areas where we had found areas of non-compliance at our visit on 29 October 2013. The provider sent us an action plan following that visit outlining improvements they had made. During our visit we found that the shortfalls we had found had largely been addressed.

During this inspection we set out to answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

People who lived in on the Lavender unit were experiencing dementia. This meant they were not always able to tell us about their experiences. The report is based on our observations during the inspection, talking with people who used the service, and the staff supporting them, and looking at records.

Below is a summary of what we found. If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

People are treated with respect and dignity by the staff.

There were systems in place to make sure that the manager and staff learned from events such as accidents and incidents and the risks associated with the environment. Risks to people's health and welfare were identified or managed to ensure people were protected from risk of harm.

The service was safe, clean and hygienic. Equipment was well maintained and serviced regularly therefore not putting people at unnecessary risk. There were personal emergency evacuation plans for staff to follow in the event of a fire.

We looked at staff rotas and found they take people's care needs into account when making decisions about the numbers of staff on duty, their qualifications, skills and experience. This helps to ensure that people's needs are always met.

Is the service effective?

People's health and care needs were assessed with them, and they were involved as far as possible in writing their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans. However, people's individual care records were not always accurate or up to date.

We asked the provider to tell us what they are going to do to meet the requirements of the law in relation to maintaining accurate, up to date and person centred care plans.

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. We saw that people were comfortable with the staff who were working with them.

Staff knew people well and were able to describe people's preferences, interests and diverse needs. This meant that care and support was provided in accordance with people's wishes.

Is the service responsive?

People completed a range of activities regularly. An activities coordinator provided a programme of activities for people to choose from. The home had access to an adapted minibus, which meant that people were able to take part in outings.

Staff responded quickly when people needed support or reassurance.

Is the service well-led?

The service had an effective quality assurance system, records seen by us showed that identified shortfalls were addressed promptly.

Staff were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and quality assurance processes were in place. This helped to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 13 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At our last inspection on 29 October 2013 we found that people's needs were not always being met in relation to managing their continence in the home was not being managed effectively. The provider sent us an action plan to tell us how they had improved their audits of the management of continence. People's individual continence assessments were reviewed monthly by the Deputy Manager and the Team Leader, responsible for continence, to make sure that people's continence needs were met. During this visit we found that improvements had been made.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The atmosphere in the home was calm and relaxed and we saw that people were content. During our visit we spent time in communal areas of the home observing activities and interactions between staff and people who lived there. We saw that staff were kind, caring and friendly in their approach to people and staff responded quickly when people needed help and support.

For example we observed that, where people needed help to move around the home staff walked with people at their own pace and did not rush them. Care plans provided staff with information about people's individual mobility needs and some of the risks associated with these. They provided guidance about the kind of support people needed to help them to move around. This meant that staff were aware of the importance of ensuring people were provided with the support they needed to move around the home safely.

We spoke with staff about the care they provided. Staff knew each person well and had a good understanding of the needs of people living at the service. Staff told us that they had had training in dementia which had helped them to understand how to provide appropriate support for people in the home who were experiencing this condition. We saw that staff

spent time reassuring anyone who became anxious and demonstrated patience and understanding in their interactions with people. This meant that staff understood how to provide appropriate support for people who were living with dementia.

People's families or representatives had been involved in assessing people's needs and planning their care wherever possible. Staff knew each person well and understood their individual care needs. They were able to describe what people needed support with and what they were able to do for themselves. The provider may find it useful to note that people's individual care records did not include this information to ensure that new or agency staff would have all the information they needed to provide individualised care to each person and promote their independence.

People's individual care records showed that they had regular appointments with GPs and other health care professionals as required. Records showed that appropriate medical assistance was sought where there were any concerns about people's health. This meant that people's health needs were met.

We looked at the activities that were offered in the home and outside in the community. Although there was limited information in people's care plans about their interests or aspirations we saw that people were involved in a variety of activities. The home had access to an adapted minibus, which meant that people were able to take part in outings.

There was a weekly activities programme displayed in the home. Activities included arm chair exercise, reminiscence, games and 'cinema' sessions. An activities coordinator was employed by the home to provide activities. During our visit people were engaged in exercise and reminiscence sessions.

Outside entertainers provided a variety of entertainment for people who lived in the home. Ministers from two local churches provided services in the home once a fortnight for those who wished to take part. This meant that people were provided with activities in accordance with their interests and abilities.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

At our inspection on 29 October 2013 we found that people were not being protected against the risk of inadequate nutrition and hydration. Following that inspection the provider sent us an action plan to tell us the improvements they had made. During this visit we found that improvements had been made.

People were protected from the risks of inadequate nutrition and dehydration.

We saw that people were provided with food and drink outside normal mealtimes. There were snacks and drinks available in communal areas of the home so that people could help themselves if they were able to. The manager told us they had made sure that staff offered people a variety of options such as sandwiches, toast, soup and other snacks throughout the day and night if necessary. Staff in the main kitchen, which is located in Jasmine unit, made sure that there were adequate supplies of food at all times in Lavender unit.

Staff who we spoke with understood people's individual dietary needs. For example they described how they offered cranberry juice at regular intervals to people who were at risk of urinary tract infections. Staff understood how to fortify foods to make sure that the calorific value was boosted for people who needed additional support to maintain their weight. We saw that people who had difficulty swallowing were provided with a soft diet to protect them from risk of choking.

We saw that a Malnutrition Universal Screening Tool (MUST) had been completed for people who were at risk of losing weight and that this was supported by regular weight monitoring. Food and fluid charts were maintained to monitor intake for people who were at risk. This meant that people were protected from the risk of receiving inadequate nutrition and hydration.

We observed the lunch time meal. People were offered soup and a choice of main meal. On this occasion the choice was turkey or liver and bacon with mashed potato and vegetables. There was also a choice of dessert. We saw that staff made sandwiches for one person who had not eaten either of the main courses which had been offered. This meant that people were provided with a range of alternatives to tempt their appetites. People were not rushed and were given encouragement and support to eat and drink

where needed.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During our last inspection on 29 October 2013 we found that the registered person was not always ensuring there were sufficient numbers of staff available to support the effective delivery of the service. Following that visit the provider sent us an action plan to tell us the improvements they had made.

During our inspection on 30 April 2014 we found there were enough qualified, skilled and experienced staff to meet people's needs.

Lavender Cottage accommodated 25 people. They were supported by three members of staff at night and between 4 or 5 staff during the day, depending on occupancy levels, people's dependency levels and activities. Since our last visit the provider has ensured that all staff now takes their breaks separately to ensure appropriate numbers of staff in both units at all times. We saw that kitchen staff helped at lunch time to make sure there were enough staff to support people during the meal and people did not have to wait too long to be served.

We looked at staff rotas. These showed that all shifts were fully covered, using agency and bank staff where needed. The manager told us they were actively recruiting more permanent staff for the home. There was a large sign outside the home advertising this to attract applicants. This meant that the manager had taken steps to ensure that there were enough staff to meet people's needs.

Throughout our visit there was a calm relaxed atmosphere in throughout the home. Staff did not appear rushed and people were receiving the support and attention they needed. This meant that there were enough staff on duty to care for people who lived in the home. The provider may find it useful to note that there was no current overall assessment of the dependency levels on the units to show that the numbers of staff were continually reviewed and reflected any changes in the needs of people who lived in the home.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people. People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The provider used a range of methods to collect feedback from people who used the service, their representative or relatives. For example, we saw that customer and staff satisfaction surveys were undertaken annually by an independent company on behalf of BUPA and that the results were published in November each year.

We looked at the most recent survey. Responses were largely positive with comments including, "I am treated with respect and feel like I am one of the family." "Caring attitude of the staff makes a happy environment." And "I'm very happy in the home." The last survey showed an overall improvement in the service of 16% from the previous year. This showed that people were listened to and improvements were made as a result.

Regional managers undertook monthly audits; these included, but were not limited to auditing medication, trends within the home such as falls and safeguarding issues and care plans. We looked at the last audit which has been done on the day before our inspection visit. This included recommendations on findings and actions to be taken by the manager. We saw that shortfalls that we had identified in records had been picked up in this audit. This meant that there were effective systems in place to identify and respond to service deficiencies and make improvements to the effectiveness of the service.

There were systems in place to identify and manage risks in the service. These included regular checks on the environment, equipment and installations. Fire safety systems and equipment were in place and were checked regularly. These included personal emergency evacuation plans for each person to make sure that people could be evacuated safely in the event of a fire. This meant that people were protected from risk of harm.

Regular staff meetings were used to raise and address issues and keep staff up to date

with any changes in the service. The manager also facilitated quarterly resident and relatives meetings. This meant that people who used the service, their relatives and staff had the opportunity to comment on and make suggestions about the service.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our last inspection on 29 October 2013 we found that the registered person was not always ensuring that records were up to date and secure. Following our visit the provider sent us an action plan to tell us the improvements they had made.

People's personal records including medical records were accurate and fit for purpose. Records were kept securely and could be located promptly when needed.

At this inspection we looked at a variety of records which included people's individual care files, daily notes, staff rotas and general audits. We saw that improvement had been made; the majority of records were kept up to date and regular audits were being implemented.

People's personal records and staff records were stored securely in locked rooms. This meant that people's records were stored so as to maintain their confidentiality.

We looked at people's individual risk assessments. These included falls, mobility and skin integrity and were reviewed every month. We found that the care records kept included weight charts. We saw that people's weight was recorded monthly and nutritional risk assessments and guidance were in place. These included any allergies to food. This meant that staff had the information they needed to protect people from risk of harm.

We found that all care records were reviewed monthly. Of the three care plans we looked at, two contained inaccurate and conflicting information. For example where people had ceased taking medicines documents had not been updated. In one case a medicine had ceased being prescribed in August 2013 but subsequent monthly reviews stated 'no change', although another document in the care file showed that the medicine had been discontinued. This meant that staff did not always have accurate information about the people they were supporting.

Guidance about how to meet people's individual needs was limited. For example some

people were identified as refusing oral care. There was no care plan for staff about how to ensure that their oral health was monitored. Where it was identified that people had sight or hearing impairment individual care plans had not been put in place to inform staff about how to support these people with these particular needs. Where care plans were in place these focussed on 'what's wrong'. For example in one person's file their care plan about eating only recorded information about their food allergy. There was no information about how to support this person to eat or their likes and dislikes. This meant that new or agency staff did not have the information they needed to provide appropriate care.

Generic phrases were used in care plans rather than individual information about how people wanted their care to be provided. Care plans and daily notes focussed mainly on people's physical needs. Information about people's background and social histories was not readily available in people's personal care files. This meant that new or agency staff would not have the information they needed to enable them to understand and provide personalised care to people who lived in the home.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: The registered person had not ensured that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user. Regulation 20 (1) (a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 13 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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