Eastfield Residential Home Limited

Eastfield Residential Home

Inspection report

Wawne Road
Sutton-on-Hull
Hull
Humberside
HU7 5YS

Tel: 01482838333

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21 June 2017

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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

Eastfield lies to the North of the City of Hull, near to the village of Wawne. It is a family-run service. The service is registered with the Care Quality Commission (CQC) to provide accommodation and personal care for up to 23 adults who are living with mental health issues.

There are sufficient communal areas, bathrooms and toilets and an accessible garden with ample car parking. The home is situated close to public transport facilities and local shops are within walking distance.

The registered manager is also the provider. A registered manager is a person who has registered with the CQC to manage the service. Like providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were 23 people residing at the service at the time of the inspection.

This inspection was unannounced and took place on the 21 June 2017. The inspection was undertaken by one adult social care inspector. The service was last inspected in June 2015, found to be compliant with the regulations looked at and we rated it as good. At this inspection, we found the service remains good.

Staff knew they had a duty to report any abuse to the proper authorities. Training in how to recognise abuse was provided to staff and regularly updated.

Staff had been recruited safely and were provided in enough numbers to meet the needs of the people who used the service. This ensured, as far as practicable, people's needs were met and they were not exposed to staff who had been barred from working with adults at risk of abuse.

People who used the service were provided with a wholesome and nutritious diet which was of their choosing. People's weight and food consumption was monitored and staff involved health care professionals when needed. Staff had received training which enabled them to meet the needs of the people who used the service; they also received support to gain further qualifications and experience. This meant people were cared for by staff who had the correct skills. Staff received supervision and support. People's human rights were respected and upheld by staff who had received training in the principles of the Mental Capacity Act 2005. People were supported to access their GP and district nurses supported the staff to ensure people's health needs were met.

Staff understood people's needs and were kind and caring. People had good relationships with the staff and they had been involved with the formulation of their care plans and reviews. Where people needed support to agree their care, this had been arranged and family members or advocates had been involved.

People received care which was person-centred and staff understood and respected their choice and

wishes. We observed staff respected people's privacy and dignity. The service provided a range of activities for people to participate in, which included activities within the service and in the local community. People were supported to pursue individual hobbies and interests.

There was a complaint procedure in place for people who used the service or others to use. The provider investigated any concerns to the satisfaction of the complainant. All complaints were recorded and the outcome shared with the complainant; any action taken as result of a complaint was recorded and any lessons learnt were shared with the staff and changes made. Complainants were sign-posted to other agencies if they were dissatisfied with the way their complaint had been investigated.

People were involved with the running of the service. The provider sought people's views and opinions; they also sought the views of others who had an interest in the people's wellbeing. The provider had a range of audits and checks which ensured, as far as practicable, people lived in a safe, well-run service. However, these could be expanded to include more areas of the service, for example, care plans and training. The management style of the provider was open and inclusive; people who used the service and staff could approach them, and felt comfortable doing so. Staff meetings were held so the provider could share information with the staff.

The provider analysed all incidents and accidents to see if there were any trends or patterns and put action plans in place to address any shortfalls identified. The provider informed the CQC of any notifiable incidents so we had up to date information on which to assess the ongoing quality of the service provided.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 June 2017 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, we looked at information we received about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority safeguarding and quality teams as part of the inspection, to ask for their views on the service. We also looked at the information we hold about the provider. We used this information to plan our inspection.

We spoke with seven people who used the service. We observed how staff interacted with people who used the service and monitored how they supported people throughout the day, including meal times.

We spoke with four staff including care assistants, senior care assistants, the provider and the domestic staff.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation such as incident and accident records and five medicine administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records, minutes of meetings, safeguarding records, quality assurance audits, maintenance of equipment, cleaning schedules and menus. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People who used the service told us they received their medicines on time and they trusted the staff. Comments included, "I trust the staff; they make sure we are all safe", "If I need any of the staff, they are always there and that makes me feel safe", "The staff bring me my tablets without fail" and "I get my tablets on time every morning."

Staff were aware of their duty to report any abuse to the proper authorities; they could also describe to us the different types of abuse they may encounter. Staff confirmed they had received training in how to identify and report abuse to keep people who used the service safe. They also knew they could report abuse directly to the social services or the Care Quality Commission (CQC). We saw records which showed us staff had received training in how to recognise abuse and this had been updated regularly.

Comprehensive risk assessments which described areas of daily life people who used the service needed more support with were in place in everyone's care plan. This described what the risks were and how the staff should support people to minimise these risks. The risk assessments were individual to each person and covered areas such as going out alone, sexual exploitation, smoking, mobility and handling money.

People's medicines were handled safely and staff had received regular training. We saw that medicines were stored safely and only staff who administered the medicines had access to them. The recording of the medicines was accurate and there were no gaps in the medication administration records (MARs). Staff had also used the appropriate coding for when people had refused or had been absent from the building so unable to take their medicines, for example, in hospital. Protocols were in place for the administration of 'as and when' required medicines (PRN) which described the circumstances in which these medicines were to be administered. The storage of the medicines was safe and there was a good stock control with medicines checked and counted into the building and out again when returned to the pharmacist. Room temperatures were recorded and staff knew the safe boundaries within which medicines should be stored. Controlled medicines were administered safely and there were no discrepancies in the amount stored and recorded. The medicines had been audited by the supplying pharmacist and there were audits undertaken internally by the provider.

We looked at the recruitment files of the most recently recruited staff; these contained an application form which asked the applicant to describe their experience and employment history, references, and a check with the Disclosure and Barring Services (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. These checks help employers make safer recruitment decisions and help to minimise the risk of unsuitable people from working with children and vulnerable adults.

Rotas showed us there were enough staff on duty to safely meet people's needs. The provider ensured there was good skill mix of staff both during the day and at night to meet people's needs. Staff told us they had time to sit and talk with the people who used the service or to take them out to local shops. Staff were brought in to accompany people on hospital appointments or on trips out. This meant the staffing levels

were always effectively maintained.

Good

Is the service effective?

Our findings

When we spoke with the people who used the service, they were complimentary about the food and the varied choices offered to them. Comments included, "The meals here are fantastic; we get a good choice", "I really like the Sunday dinners we have; they're my favourite" and "The food here is really good; the cook asks us what we want and she makes it for us."

People who used the service were provided with a varied diet which was of their choosing. Meals times were relaxed and people were seen sat chatting and enjoying each other's company while eating their meals. The dining room was spacious and could easily accommodate everyone comfortably. We saw the cook asking people what they would like to eat and the meal on the day of inspection looked well-presented. Tea, coffee and cold drinks were offered at meal times and throughout the day; people were also offered snacks throughout the day. The cook was knowledgeable about people's likes and dislikes and understood the importance of providing people with a well-balanced diet. People's dietary intake and weight was monitored by staff and health care professionals contacted if there were changes, for example, a loss in appetite or weight.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found a DoLS had been authorised for one of the people who used the service.

People were supported to access health care professionals when needed and they were accompanied by staff on appointments to the hospitals or to their GP. Staff also closely monitored people's health and welfare and called upon the assistance health care professionals when needed. All visits to and by health care professionals were recorded in people's care plans and these were updated if there were changes to the way staff should support people, for example, following a stay in hospital or a change in medicines prescribed for them.

Training was provided to all staff, which included training identified by the provider as essential to meeting the needs of people who used the service. This included health and safety, assisting people with their mobility, safeguarding adults from abuse and how to support people with behaviours which may challenge the service or place the person at risk of harm. Staff training had been updated as required and the provider kept a record of all training undertaken and when it was due for renewal. Newly recruited staff underwent induction training which was based on good practise guidelines. There was a process of ongoing evaluation to ensure they had the right skills and competencies to meet the needs of the people who used the service.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and they got on well with them. They told us, "I really like the staff, they are kind to me" and "You can't fault the staff, they'll do anything for you."

Interaction between the people who used the service and staff was very good. All conversations were respectful. There was lots of friendly banter between people and the staff, and we heard lots of laughter as they shared jokes and anecdotes.

Care plans we looked at contained evidence the person or their representative had been involved in its formulation. People we spoke with told us they knew they had a care plan and what it contained. One person said, "We have meetings about my care plan and my daughter comes; I can have a say about what goes into it."

Staff were knowledgeable about people's care and could describe to us how they needed supporting both inside and outside of the service. They also understood the importance of respecting people's dignity and independence and upholding their right to privacy. One member of staff told us, "I always knock and ask to be invited in when I go to the residents' rooms" and "I make sure the residents are covered over if I'm undertaking any personal care." Staff also understood the importance of respecting people's diversity and their chosen lifestyles.

Staff understood they had a responsibility to keep people's personal information confidential. One member of staff said, "We can't talk about what happens at the home to anyone outside of the home; we have to keep the residents' information confidential." All care plans were locked away and only accessed by staff when needed.

Advocacy services were available to people but none were used at the time of the inspection.

Good

Is the service responsive?

Our findings

We asked people who used the service if they knew who to raise complaints with, comments included, "Oh yes, I would see [provider's name] if I had any problems" and "We are asked if there are concerns or if we would change anything." When we asked people about what activities were available to them one person told us, "We get to choose from a lot of things, and we go out on trips with the staff." Another person said, "I go out to the shops and I can do things at home as well, like watch TV and listen to music."

Everyone who used the service had a plan of care, which described the person and the way staff should support them to meet their needs. The care plans detailed the person's preferences and their wishes in how they should be cared for. The care plans also contained risk assessments with regard to any aspects of daily life the person may need more support with, for example personal care and hygiene, mobility, pressure area care, nutrition and behaviours which might put them or others at risk. The care plans described in detail the person and their past work, interests and hobbies. They also noted people who were important to the person and how social contact should be maintained.

The provider had a complaints process in place which was accessible to the people who used the service. Others who had an interest in people's wellbeing were also encouraged to raise concerns or complaints. The procedure provided information with regard to timescales for responses to the complaints by the provider. The complaints procedure was displayed around the building and the provider told us they would provide the procedure in different formats if this was needed, for example, different languages or pictorially. Information was provided to complainants about how to contact outside agencies of they were not satisfied with the way their complaint had been investigated; this included the Local Government Ombudsman and the local authority.

People's likes and dislikes were recorded in their care plans and this included any activities they pursued. Written instructions were provided for staff in how support people to undertake chosen activities and risk assessment where in place for anything which might expose the person or others to potential harm, for example, accessing outside activities in the local community. The undertaking of activities both inside and outside of the service was an integral part of people's care and staff were provided to support this where needed. Activities were seen as an opportunity to promote wellbeing and maintain essential life skills, for example shopping and budgeting.

Good

Is the service well-led?

Our findings

People who used the service told us they found the provider approachable and they had been asked for their comments about how the service was run. Comments included, "I know I can go to [provider's name] anytime and she'll listen to me" and "The owner is lovely; she'll take the time to come and talk to us" and "We had a meeting not so long ago and we talked about where we want to go out for trips."

There was a registered manager in post, this was also the provider, and they understood their responsibility to ensure the CQC was informed of events which happened at the service which affected the people who lived there. Our systems showed the provider sent the required notifications when needed.

Staff found the provider approachable and supportive. One member of staff said, "[Provider's name] is really good; I have no problems going to her for advice or guidance." Another told us, "The boss is really nice; she has the best interest of the residents at heart and makes sure we look after them properly." The provider created an atmosphere which was inclusive and we saw during the inspection both staff and the people who used the service approached them.

Meetings were held with staff and these had been recorded. Staff told us they found the meetings useful and informative.

Surveys were undertaken with people who used the service, their relatives and visiting health care professionals to ascertain their views about how the service was run. The surveys identified various topics for people to comment on and these views were collated and analysed. The provider also undertook meetings with people who used the service, and their relatives where possible, to gain their views about how the service was run and to pass on information about the service. We saw a record of these meetings. The provider collated the views gathered via the surveys and meetings. They developed action plans and goals to address any issues raised or shortfalls identified.

All equipment used at the service was well-maintained, clean and serviced at the intervals recommended by the manufacturer. Fire drills and fire equipment tests had been carried out and all staff had received fire safety training.

All accidents, and the outcome of any actions taken as result of any incidents, were recorded. The provider analysed accidents and incidents to identify any patterns or trends so these could be looked at in detail to establish if any learning could be gained or changes made to working practises to keep people safe. Any learning from either the accidents or incidents was shared with staff. The provider had a range of audits which they undertook on a regular basis. These included audits of staffing levels, the environment, the décor of the building and medicines. If any areas were identified as needing improvement, a report was formulated and time-scales were set to make sure these were addressed. It was discussed with the provider that these could be expanded to include care plans and staff training.