

Care For Your Life Ltd

Eastholme Care 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 

Overall summary

This inspection took place on 29 October 2015 and was unannounced. Eastholme provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 31 people who require personal and nursing care. At the time of our inspection there were 30 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations

On the day of our inspection staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Summary of findings

Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as a speech therapy and GP and were supported to eat enough to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered.

Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received regular supervision.

We saw that staff obtained people's consent before providing care to them. People had access to activities and leisure pursuits.

Staff felt able to raise concerns and issues with management. Relatives were clear about the process for raising concerns and were confident that they would be listened to. The complaints process was not on display on the day of our inspection.

Regular audits were carried out and action plans put in place to address any issues which were identified. Audits were in place for areas such as falls and infection control.

Accidents and incidents were recorded. The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

Summary of findings

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.

There were sufficient staff.

Staff were aware of how to keep people safe. People felt safe living at the home.

Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective.

Staff received regular supervision and training.

People had their nutritional needs met.

The provider acted in accordance with the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People had access to a range of activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised and people were aware of their care plans.

Good



Is the service well-led?

The service was well led.

There were effective systems and processes in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

The registered manager created an open environment.

Good



Eastholme Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 29 October 2015 and was unannounced. The inspection was completed by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection, the provider 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 also reviewed information which we held about the home and looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager a nurse, four members of care staff, five relatives and ten people who used the service. We also looked at three people's care plans and records of staff training, audits and medicines. We spoke with a visiting professional.

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

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home and had confidence in the staff. A person said, “Yes I am very safe here. My family are very happy, as am I. I am as safe as anyone could be.” Another person said, “Safe and sound, it’s a nice feeling.”

Relatives told us that they felt their family member was safe. People and staff told us that there were enough staff to provide safe care to people. The registered manager told us that they had increased staffing since their last inspection because of people’s increased needs. We observed staff responded to people promptly and if they required additional support staff explained to people before finding another member of staff so that people did not think that they had been left.

One person told us, “I don’t like to press my buzzer so I have a notice on my door just asking passing staff to pop in and see I am ok. It works very well because they do. I know they come and check me during the night. I like my door ajar at night just so I feel safe, it’s nice to know they keep coming and checking on me, it makes me sleep so much better than I did before.” Another person said, “My goodness you hardly press the bell and they appear. They are fantastic at responding, no worries at all”

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping

people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual risk assessments were completed and where there were specific risks such as the risk of skin breakdown these were highlighted to make sure that staff were aware of these and how to support the person to keep them safe. For example, a person was at risk of choking and a plan of care was in place and guidance for staff as to how to support the person. Risk assessments were also in place where equipment was used such as bed rails.

Accidents and incidents were recorded and investigated to help prevent them happening again. Plans were in place to support people in the event of an emergency such as fire or flood. People had access to call bells throughout the building to ensure they could access help.

We saw that medicines were administered and handled safely. Staff ensured that people were aware of their medicines and observed that they had taken them. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. For example, one person declined their medicines at lunchtime and these were appropriately destroyed and recorded. Staff told us and records confirmed, they received training about how to manage medicines safely and that their competence was reviewed on a regular basis.

We saw that the medication administration records (MARS) had been fully completed according to the provider’s policy and guidance. Where people required their medicines to be given in their meals this was documented and discussions had taken place with the GP and pharmacist to ensure that this was a safe method of administration.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person said, “Oh yes they are all very good at helping me, you can just tell they are well trained and know just what they are doing.” A visiting professional said, “Staff are informative and have a good knowledge of people’s needs.”

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. The registered manager told us that there was a system for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people’s needs. Staff also had access to nationally recognised qualifications.

Staff were satisfied with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review their skills and experience. The registered manager told us that appraisals had been carried out up to September 2015 and that they had an on going programme to ensure that staff received feedback and access to support on a regular basis.

We observed that people were asked for their consent before care was provided. For example, we observed staff asked people if they required help at mealtimes. Staff were able to tell us what they would do if people refused care. We observed a person refused their medicines at lunchtime but that staff tried a number of ways to explain to the person why it was important to take their medicines. Records included agreements to the provision of care. Where people were unable to consent this was detailed in the care records and records detailed what support people required and why. However in two records that we looked at best interest documentation had not been completed to record these decisions.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity

to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was one person who was subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed and the CQC had been notified of this. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

People who used the service told us that they enjoyed the food at the home. One person said, “The cook is very good, we get proper homemade soup here every day and home cooked food not much is frozen, apart from the fish I think!”

Choices were available for people and staff told us if people didn’t want the offered meals they were able to provide alternatives. Two people at lunchtime had alternative meals according to their preferences. We observed the lunchtime meal was quiet and relaxed with staff serving the meals and engaging in conversation with people. Staff sat with people when supporting them and asked them if it was ‘ok’ to help them.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. For example people received nutritional supplements and also were given foods which were high in calorific value such as adding cream to mashed potatoes to ensure that people received appropriate nutrition. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs and fruit and snacks were available. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. For example, people had been referred for speech therapy support. One person told us, “GP comes when we need them.” Another person said, “The chiropodist comes here every six weeks

Is the service effective?

or so and goes round those who want to.” Where people preferred to maintain contact with a health professional that they had visited prior to admission such as a dentist they were supported to do so.

Where people had specific health needs such as the need for specialist skin care, information was available to staff to ensure that they provided the appropriate care. Staff received daily handovers where they discussed what had

happened to people on the previous shift and their health and wellbeing. Records showed that when people were ill staff had acted in a timely manner and obtained advice and support from other professionals such as the GP and district nurse. We spoke with a visiting professional during our inspection and they told us that the provider carried out care effectively and worked well with the visiting team.

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received.

Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person told us, "This is my third time here and I chose to come here this time." Another person said, "They have done a marvellous job in getting my pressure sore almost better now, it's taken a while as I had it before I came in here. The nursing care has been second to none, and they are going to start getting me out of bed next week. It's all good, but I still miss home of course."

A relative said, "Absolutely happy with care, wouldn't want [my relative] to be anywhere else." They told us that their relative regarded it as their home now.

A visiting healthcare professional told us, that they had found the home to be good. They told us that the person they visited was, 'well looked after'.

People who received care told us that the staff provided care which met their needs and were very kind to them. One person said, "Some people [staff] are so nice, they put their all into the job." A member of staff told us that they would be happy for their relative to come here to live if they required support.

People were involved in deciding how their care was provided. We observed that all the staff were aware of respecting people's needs and wishes. For example, a person was assisted into the lounge area by a member of staff and we observed that the member of staff asked the person where they would like to sit. Another record detailed a person's preference at night time to have the light on because they did not like the dark.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs.

Where people were unable to communicate verbally arrangements were in place to support them to communicate. For example, one person used a pictorial chart to assist them with communication.

When providing support to people staff sat with them at their own level and communicated with them. For example, when administering a food supplement to a person in bed the staff sat with the person and chatted with them. They did not rush the person and spent time with them to ensure that the supplement was taken safely. Another person required time to take their medicines and we observed that staff sat with them and handed them their tablets at their pace. They asked, "Are you ready?" and waited for the response before handing them the next tablet.

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were happy and comfortable during the process. Staff explained what they were going to do and also what the person needed to do to assist them. They said, "Put your foot on here," and "We're going to go to the chair, alright?"

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. Bedroom doors had signage which enabled people to indicate whether or not they wanted to be disturbed. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

People could choose where they spent their time in the service. There was a variety of communal lounges and people also had their own bedrooms. We saw that people had been encouraged to bring in their own items to personalise them. One person told us that they were being supported to bring their three piece suite to the home to make them feel more at home.

Is the service responsive?

Our findings

Activities were provided on a daily basis however there was not a set programme as the activities coordinator told us that the preference is for spontaneity, and encouraging people to decide. The registered manager told us that activities were carried out both during the week and at weekends. People told us that they were looking forward to a Halloween party at the weekend. We observed people taking part in group activities. For example, during our inspection in the morning we observed a music session being carried out with a number of residents. We also saw that games and leisure equipment was available for people to access when they wished throughout the day. People who preferred to stay in the privacy of their own rooms told us that the activities person came to see them and they spent time together doing various things, like playing cards, dominoes and reading.

One person said, "I have nothing to grumble about. All is good the food is very good. I can play dominoes and cards if I want to. Me and my friend knit together, and have started colouring. Never thought I would take to colouring in like I have, but it's very therapeutic. The activities man is very good here he gets things for us, and gets us motivated. Colouring just takes you to another little world and you forget everything it's great."

Internet connection was available to people if they wished to use it. We observed a visitor speak to the registered manager about access to this so that they could share photographs with a person whom they were visiting. People had access to some community facilities and activities, for example there had been a recent trip to a local park. The registered manager told us that they liked to involve people in making improvements around the home. For example, a person had assisted with making improvements to the garden area by choosing colours for the garden furniture and helping to paint it. Another person told us that they were being supported to have their three piece suite brought to the home to be used in the lounge area.

Relatives and people who used the service told us that they were aware of their care plan. People's care records detailed people's past life experiences in order to help inform staff about people's interests. We looked at care records for three people who lived at the home. Care records included risk assessments and personal care

support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. For example, one person told us, "I have strip washes, that's my choice, but they always ask if I want a shower or bath. They like us to remain as independent as we can be you see which is good isn't it?"

Another person said, "Oh they know all about our likes and things. For example I will only drink my tea out of a china mug and look (indicating to me her bone china tea mug) I have this all the time."

Care plans had been reviewed and updated with people who used the service. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment was required. This helped staff to respond to people's changing needs. Where people's needs had changed care plans reflected this and identified what care the person required. For example, one person's mobility needs had increased and the care record detailed this and how staff should now support them to meet their needs.

One person was unable to communicate verbally and the record explained how staff should communicate with them. The record said, "Is able to understand and gives thumbs up and thumbs down." We observed staff communicating with the person and saw that staff responded to their signals. We also saw in the records that they had agreed to the use of bed rails and the record recorded the "thumbs up" response as agreement to care.

Relative's and professionals told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. One relative told us that they had had a party at the home to celebrate a wedding anniversary. A visiting professional told us that families felt welcomed.

A complaints policy and procedure was in place however it was not on display in the entrance area. We spoke with the registered manager who told us that it should have been in the lobby area so that people could see it as they entered the building. They told us that they would ensure that another copy was put in place. Relatives and people who lived at the home were aware of how to make a complaint if they needed to. Relatives told us they would go to the manager or person on duty at the home. One person said, "I can't think that we would ever have needed to complain at this home, there's absolutely nothing poor to say about

Is the service responsive?

it.” At the time of our inspection there were no on going complaints. The complaints procedure was only available

in a written format which meant not everyone may be able to access it. However, people told us that they would know how to complain if they needed to. Complaints were monitored for themes and learning.

Is the service well-led?

Our findings

Systems and processes were in place to ensure the delivery of a quality service within the home. External audits had been carried out in relation to medicines and there was an internal audit system in place to check the current service and drive improvements forward. For example audits had been carried out on health and safety and infection control. A recent environmental health check had identified some issues around food storage and we saw that an action plan had been put in place and the issues addressed.

Staff were aware of their roles and who they were accountable to. Members of staff and relatives told us that the registered manager and other senior staff were approachable and supportive. One member of staff told us that they felt able to ask for advice from any member of the team. A relative told us, “They look after me as well as [my relative].” Another relative said, “The manager is very good, they’ve been there for me too as well as my loved one who is in here. I have peace of mind, they all include me in everything and feed me, and it’s so reassuring to know when I leave here every day that he is in such safe, caring, professional hands. I believe it is very well led.”

A visiting healthcare professional told us, “Communication is good” and “Records are up to date.” Staff said that they felt able to raise issues and felt valued by the registered manager and provider. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. We looked at minutes of a staff meeting held on 10 August 2015 and saw that discussions had taken place about training and medicine administration.

Relatives’ meetings were held and relatives told us that they would be happy to raise any concerns they had. A relative said that they would go to the registered manager and were confident that they would sort it out quickly. Surveys had been carried out with people and their relatives and positive responses received. Surveys had been carried out to gain people’s opinions on issues such as activities and meals.

The registered manager also told us that they encouraged people and staff to come and speak with her at any time and that she had an ‘open door’ policy. We saw that there was an easy chair in the office and the manager told us that this was their so that people could come in and have a chat with her when they liked. We observed a person in the afternoon sat with the manager. We also observed another person in the nursing office speaking with a member of staff about their care.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

We observed that the registered manager had a good knowledge of the people who used the service and the staff. The registered manager told us that they regularly spent time out of the office in the main areas of the service so that they were aware of what was happening and be available to people for support and advice, staff confirmed this. Throughout the inspection we saw the registered manager assisting residents on occasions throughout the day. They told us that the registered manager and other senior staff were very visible in the home.