

Eastfield Residential Home Limited

Eastfield Residential Home

Inspection report

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

Tel: 01482838333

Date of inspection visit:
13 January 2023
17 January 2023

Date of publication:
01 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eastfield Residential Home is a care home providing accommodation and personal care for up to 25 people with a mental health condition. At the time of our inspection, 24 people lived at the service.

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

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 did not support this.

People were protected from abuse and avoidable harm. Staff had completed training in how to safeguard people and risk assessments were completed to identify potential hazards. People and their relatives told us they felt the service was safe and received good quality care. People received their medicines as prescribed.

People and their relatives were involved in the service. Care was planned around people's choices and preferred routines. People and their relatives were supported to receive information in an accessible way to enable them to be involved in their care and support.

There were enough staff to meet people's needs. Staff training and supervision had improved to ensure staff had the correct support, knowledge and skills to carry out their role. Staff were recruited safely and received an induction to ensure they had the skills and knowledge to undertake their role.

There was an effective quality monitoring system which ensured checks and audits were carried out, people's views were obtained and listened to and shortfalls were addressed. Accidents and incidents were analysed so that lessons could be learned. The provider had oversight of the service and completed regular checks.

The culture of the service was open, and people felt able to raise concerns.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 June 2021).

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.

At our last inspection we recommended that the provider ensured 'as and when required' (PRN) medicine protocols were in place, to review records relating to staffing levels and to continue to embed their quality assurance systems and identify shortfalls in a timely manner. At this inspection we found all improvements had been made.

Why we inspected

We carried out an unannounced inspection of this service on 29 April 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve need for consent.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastfield Residential Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eastfield Residential Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Eastfield Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eastfield Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information available to us about the service. This included details about incidents the provider must notify us about, such as safeguarding incidents. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the nominated individual, registered manager, 1 team leader, the administration assistant and 2 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with four people who lived at the service. We reviewed a range of records, this included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and induction. A variety of records relating to the management of the service, policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider ensured PRN protocols were in place in line with NICE Guidelines. At this inspection improvements had been made.

- Medicines were managed safely.
- Audits had been used effectively to help monitor and make sure medicines were managed safely.
- Staff completed training to administer medicines and their competency was checked.
- Guidance for staff to safely and consistently administer medicines prescribed PRN was in place.

Staffing and recruitment

At our last inspection we recommended the provider review their record keeping relating to staffing arrangements within the service.

At this inspection improvements had been made.

- Appropriate staffing levels were in place to meet the needs of people in the service. The provider used a staffing and dependency tool for guidance on the number of staff required.
- The registered manager had robust oversight of staff rotas which showed planned staffing levels were being achieved.
- Staff told us they felt they had enough staff to support people's needs. One staff member said, "We have recently taken on some new staff and they are in induction now, we have a good team and enough staff to meet people's needs."
- Safe recruitment practices ensured staff were suitable to work with vulnerable people.

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

- People were protected from the risk of abuse.
- People told us they felt safe. One person said "I like it here, I've lived here a long time, staff are great and I feel safe."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the manager would address any concerns reported to them and make the required referrals.
- The registered manager was transparent in reporting any issues or concerns to the local authority's safeguarding team. This helped to safeguard people from the risk of abuse or neglect.

- The registered manager analysed accidents and incidents to identify any patterns or trends in order to support improvement of care.

Assessing risk, safety monitoring and management

- People received safe support to meet their needs. Risk assessments provided guidance for staff on how to safely support people to maximise their independence whilst minimising risks.
- The registered manager sought advice from relevant healthcare professionals when making decisions about how to provide safe care for people. This meant the support given by staff was appropriate and safe for people living in the service.
- Regular checks and servicing helped to ensure the environment and any equipment used was safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was carried out in line with current government guidance. People were also able to go out into the community when they wished and regularly met up with their loved ones.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

At our last inspection the provider had failed to ensure consent was sought in line with the principles of the MCA. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Care plans reflected the principles of the MCA and DoLS and appropriate applications to the local authority had been made, where restrictions were in place. Appropriate notifications were sent to CQC.
- Assessments had been completed when people lacked capacity and best interest meetings were held, which included professionals and significant others.

Staff support: induction, training, skills and experience

- The provider ensured staff were suitably inducted, trained and supported to perform their roles.
- Regular supervisions and annual appraisals, alongside observations and competency checks helped management monitor and make sure staff had the skills and experience necessary to provide effective care.

- Staff said they felt supported by the registered manager. One staff member said, "The manager really encourages you to learn new things and is very supportive and approachable."

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

- People's nutrition and hydration needs were effectively met.
- Separate kitchen facilities were available for people to use when they wished. The kitchen was stocked with tea, coffee, juice and snacks. During the inspection we observed one person making their own drinks.
- People were offered a choice of hot and cold food and had the option of eating in the dining room or in own room if they wished.
- People told us the food was nice. One person said, "The food is nice we get a choice of a hot or cold dinner. There's always something I like."
- People were asked what food they would like on the menu.

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

- People received effective care and support to help meet their needs and improve their quality of life.
- People's needs were assessed, and care plans put in place to support and guide staff to deliver effective care. Care plans were detailed and person-centred.

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

- Staff made appropriate referrals to other agencies when required such as the mental health crisis team and GP. Referrals were made promptly, and advice was incorporated into the way people were supported.
- People were supported to attend medical appointments.
- People told us they were well supported by staff. One person said, "The staff are great they help with whatever I need, some are better than others but they all do really well and are friendly and supportive."

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

- The layout of the service met the needs of the people who lived there.
- People's rooms were personalised and reflected people's preferences and choices.

Is the service well-led?

Our findings

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

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

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

At our last inspection we recommended the provider continue in their efforts to embed their quality monitoring system to identify any possible shortfalls in a timely manner.

At this inspection we found improvements had been made.

- The registered manager was aware of their role and responsibilities and kept up to date with best practice.
- The registered manager and staff were committed to making continuous improvements to ensure people were safe and happy with the service they received.
- The registered manager was aware of their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service.

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

- The provider and registered manager fostered an open and inclusive culture. The focus was on delivering high standards of person-centred care. Staff understood the provider's values and put them into practice on a day to day basis.
- The provider and registered manager understood their responsibilities under the duty of candour; they had been open, communicated well and apologised to people and relatives when things had gone wrong.
- The registered manager had an open-door policy and people and staff said they could go to the manager any time if they needed.

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

- Feedback was sought from people who used the service and relatives through daily conversations, meetings, surveys and reviews.
- A culture of high quality, person-centred care had been embedded in the service which valued and respected people's rights.
- People and their relatives spoke positively about how the service was managed.
- The registered manager and staff worked collaboratively with other agencies to coordinate the care and

support people needed.