

Eastfield Residential Home Limited

Eastfield Residential Home

Inspection report

Wawne Road
Sutton-on-Hull
Hull
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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

Eastfield lies to the North of the City of Hull, near to the village of Wawne. It is a family run home and the registered provider is also the registered manager. The service is registered to provide accommodation and personal care for up to 23 adults who are living with mental health difficulties.

There are sufficient communal areas, an accessible garden with car parking available. The home is situated near to public transport facilities and there are local shops within walking distance.

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

Summary of findings

This inspection was unannounced and took place on the 4 June 2015. The inspection was undertaken by one adult social care inspector. The service was last inspected July 2013 and found to be compliant with the regulation looked at.

Staff were provided with training about how to recognise abuse and how to report this so people were protected from harm. People were cared for by staff who had been recruited safely and were provided in enough numbers to meet their needs. The environment was clean, tidy and free from unpleasant odours. People's medicines were handled safely and staff received regular training in this topic.

People were provided with a wholesome and nutritional diet and their preferences were catered for. Staff received training which was relevant to their role, training was updated on a regular basis and staff were encouraged to undertake further training and qualifications in care. People were supported by the staff to access health care professionals when they needed, this included attending appointments at their GPs and the hospital.

Staff received training in how to ensure people's human right were protected so they could make informed decisions about their chosen lifestyle. People were supported to make informed choices and decisions

which were in their best interest. Systems were in place to make sure people were protected and did not take any unnecessary risks. Staff had a good understanding of the principles of the Mental Capacity Act 2005 and the use of Deprivation of Liberty Safeguards.

People were involved with their care plans and could have a say about how their care was delivered. People who used the service had good, relaxed and friendly relationships with the staff. Staff understood people's needs and how they should be supported to lead a lifestyle of their own choosing. People were supported to maintain friendships outside of the service and visitors were made welcome.

People were supported by staff to undertake activities both inside and outside of the service and were enabled to lead an independent life. People could make complaints and they were confident these would be listened to and acted on.

The registered provider undertook audits which ensured the service was safe and well run. People who used the service were asked for their opinion about how the service was run. Other stakeholders who had an interest in the welfare and wellbeing of the people who used the service were also asked for their opinions; this included relatives and health care professionals.

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.

Staff knew how to recognise abuse and received training about how to report this to keep people safe.

Staff were recruited safely and provided in enough numbers to meet people's needs.

Staff handled people's medicines safely and had received training in this.

Good



Is the service effective?

The service was effective.

People were provided with a wholesome and nutritious diet which was monitored by the staff.

Staff supported people to make informed decisions when needed and provided people with important information to help them to make choices.

Staff received training to meet people's needs.

Staff supported people to lead a healthy lifestyle and involved health care professionals when required.

Good



Is the service caring?

The service was caring.

Staff were caring and understood the needs of the people who used the service.

Staff involved people with their care and people who used the service had an input into any decisions made.

Staff respected people's privacy and dignity and upheld their rights.

Good



Is the service responsive?

The service was responsive.

Activities were provided for people to choose from.

People were supported to access health care professionals when needed.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Good



Is the service well-led?

The service was well-led

The registered provider consulted with people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

The registered provider held meetings with the staff to gain their views about the service provided.

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 registered provider was 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 was unannounced and took place on the 4 June 2015. The inspection was undertaken by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the dining room and the lounge. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with five people who used the service and four staff; this included care staff and the cook. We also spoke with the registered provider who is also the registered manager.

We looked at four care files which belonged to people who used the service, four staff recruitment files, training records and other documentation pertaining to the management and running of the service; we also looked at medicine records.

Is the service safe?

Our findings

People told us they felt safe at the service, comments included, “Yes, I feel safe here”, “The staff are always here and that makes me feel safe” and “I know they would look after me and keep me safe.” People told us they felt there were enough staff on duty to meet their needs, comments included, “There always someone around when you need them”, “They pop into my room all the time to see if I’m ok” and “You can always find staff when you need them.”

Staff were able to describe to us how they would protect people from harm and report any abuse they may witness or become aware of. They were also able to describe to us what they may see if someone was subject to abuse, this ranged from low moods to physical signs like bruises. They told us they would report any abuse to the registered provider and they had received training about how to recognise abuse and how to report it to the proper authorities. We saw training records which confirmed this. Staff we spoke with told us they understood the importance of respecting people’s right to lead a lifestyle of their own choosing and would support them in this.

Staff understood they had a duty to report any abuse they may witness or concerns they may have about the welfare of the people who used the service to ensure their safety was promoted. They were also aware they would be protected by the registered provider’s whistleblowing policy, all information would be treated as confidential and their identity protected. We saw records which showed the registered provider had responded to staff concerns and taken the appropriate action.

The registered provider had undertaken audits of the environment which identified areas for improvement and repair; they had also completed an environmental risk assessment and a fire risk assessment. This ensured people lived in a building which was safe and well maintained. People’s care plans contained information for the staff to

use about how to safely evacuate people from the building in the event of any emergencies, for example fire. This was personalised to the individual and took into account their mobility and level of need.

The registered provider kept a record of all incidents and accidents which occurred at the service. They had analysed any safeguarding incidents and implemented changes to ensure people were not put at further risk, for example, changes in staff working practices. The registered provider had involved the investigating authority and complied with actions recommended by them. They had also informed the CQC by way of notifications of all safeguarding incidents and the outcome of any investigations.

We looked at staff recruitment files and saw evidence of references sought from previous employers where possible and checks being undertaken with the Disclosure and Barring Service (DBS). The files also contained an application form asking for the experience and qualifications of the applicant and a health check. This made sure people were cared for by staff who had been recruited safely and had the right qualifications and experience to meet their needs.

Staff had been provided in enough numbers to meet the needs of the people who used the service. Rotas were in place which showed which staff should be on duty and at what time. Care staff were supported by ancillary staff so they could focus on meeting people’s needs. Staff told us they never felt rushed and had time to undertake activities with people both inside and outside of the service.

We saw people’s medicines were stored safely and staff understood the importance of accurate recording and the safe handling of medicines. Records we looked at were up to date and demonstrated people had received their medicines as prescribed by their GP. Staff liaised with people’s GPs and medicine reviews had been held. Records we looked at showed staff had received training in how to handle medicines safely and this was updated annually.

Is the service effective?

Our findings

People told us they enjoyed the food they were provided with, comments included, “The food is great we get plenty of choices”, “All the meal times are nice, we discuss what we like to eat with the cook”, and “The food is really good, I like the chips and the sandwiches.” People told us they thought the staff were trained to meet their needs, comments included, “They [the staff] seem to know what I need and they support me”, “I know they [the staff] are well trained they help me a lot” and “I like the staff they treat me with respect.” People confirmed they had access to health care professionals when they needed them, comments included, “They call my doctor when I need him and he comes here to see me” and “They [the staff] take me hospital to see the consultant, I go every month.”

People who used the service were provided with a varied, wholesome and nutritious diet. The cook told us they knew what people liked and discussed menus with them on a regular basis. Hot and cold drinks were available for people during the day, as were snacks and fruit. The meal times were relaxed and staff served food promptly to ensure it was hot, the lunch provided on the day of the inspection looked appetising and well presented.

The cook told us there was a menu which changed weekly and choices were provided at every meal times. We heard people telling the cook what they would like for lunch and tea during the inspection. People’s dietary intake was monitored by care staff and this was recorded in their care plans; people were also weighed on a regular basis. Staff used documentation which had been developed by reputable organisation to monitor people’s dietary needs and made referrals to health care professionals when required.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 [MCA] Deprivation of Liberty

Safeguards [DoLS] and to report on what we find. The registered provider told us all of the people who used the service had the capacity to make informed decisions and choices. Staff demonstrated a good understanding of the principles of the MCA and understood when the use of DoLS should be applied.

Staff told us the training they received was relevant to their role and equipped them to care for the people who used the service and meet their needs. They told us they had received training about mental health needs, how this affected people and the behaviours they may display. Staff had received further training which the registered provider had deemed as essential, this included health and safety, moving and handling, fire, safeguarding adults and safe handling of medicines.

We saw staff received regular supervision and annual appraisals which offered them the opportunity to develop their learning and experience. Induction training was based on good practice guidelines and systems used had been developed by reputable organisations. The registered provider kept a log of all staff training and this was updated as staff undertook training, this also alerted them as to when staff training needed updating. Staff were supported to undertake further qualifications and learning and the majority had achieved nationally recognised vocational qualifications at level two and three.

People’s health was closely monitored by the care staff and referrals were made when needed to health care professionals. People were able to access their GP when required and they attended appointments either on their own or with support from care staff. Staff also worked closely with clinical psychologist and psychiatrists. Care plans showed where changes had been made to the person’s care and how staff should monitor and support the person, for example, if there had been any changes in the person’s medicines.

Is the service caring?

Our findings

People told us they thought the staff were kind and caring, comments included, “They [the staff] will do anything for you, you just have to ask”, “The staff look after me really well, my husband thinks I’m well looked after” and “Staff are brilliant especially [member of staff’s name] she’s lovely.” They told us they had been involved in their care plans and had attended reviews, comments included, “I have seen my care plan and I know what’s in it” and “We have meetings all the time and I say if anything’s wrong or if I want to do anything differently, they do listen to me.”

We saw staff had good relationships with the people who used the service. Staff were heard talking to people in a respectful manner and addressing them appropriately. They were heard asking people how they were, how their day was going and if they needed support with anything. We also observed people who used the service approach staff and ask them about various things, for example, hospital appointments or other aspects of their care and welfare. There was a relaxed informal atmosphere and we heard lots of laughter and good humoured banter between staff and people who used the service. The staff were caring in their approach and treated the people who used the service with dignity and respect.

Staff told us they always respected people’s wishes and choices and never judged anyone because of their chosen lifestyle. People were encouraged to lead a lifestyle of their own choosing and staff supported this. Staff respected people’s right to privacy and we saw staff knocking on people’s doors and waiting to be asked to enter. They also respected when people did not want to be disturbed. Staff told us people who used the service were independent; we

saw examples of people going out alone, for example shopping and accessing other community services. People who used the service were encouraged to take responsibly for their own rooms; staff told us this was sometimes a struggle due to people’s differing priorities.

People’s care plans contained information which indicated they had been involved with its formulation. They had signed to demonstrate they had read and understood their care plans and had agreed its contents. People were involved with their reviews and records we saw documented their opinions and input. Care plans also stated the reasons why some restrictive aspects of people’s care had been agreed, for example, some negotiations had been undertaken with regard to the amount people smoked. Agreements had been reached, because of health and cost implications, that staff would monitor people’s smoking and keep their cigarettes safe; people had also agreed they would ask staff for a cigarette when they wanted one. We saw this during the inspection, this did not cause any conflict and the staff responded quickly so as not make people wait.

People’s wellbeing was monitored closely by the staff, they recorded on a daily basis the care people had received and how they had been supported. Records pertaining to the care and treatment people received were kept locked in the office and staff only accessed these when they needed to, for example, to update the daily notes or record GP visits. Staff understood the importance of maintaining confidentiality and the registered provider had policies and procedures for staff to follow. During discussion staff told us they would never discuss people’s personal details with anyone other than the person or any health care professionals involved with their care and wellbeing.

Is the service responsive?

Our findings

People who used the service told us they could choose what to do and when and were supported to lead a life style of their own choosing, comments included, “Yes I just come and go as please”, “I tell them I’m going out and what time I’ll be back just in case something happens” and “I do as I like really there’s not many rules.” People told us they could undertake activities at the service, comments included, “We sometimes do baking and have quizzes in the afternoon, sometime we just sit and talk about all different things that have happened.” People told us they get involved with the running of the service and help out with domestic tasks, one person helped with the laundry and the setting of the tables for lunch time. People told us they knew they could make complaints if they wished and who to approach, comments included, “I would go to [registered provider] if I had anything to say”, “I know there a complaints procedure” and “I have made complaints in the past and [registered provider] has sorted it out.”

People’s care plans we looked at were personalised describing the person and what areas of daily living the staff need to support them with, for example, some aspects of personal care. The care plans contained information about how the person preferred to spend their days and the choices they made with regard to daily life, for example, meals, times for getting up, going to bed and what they liked to wear. Care plans contained assessments which identified areas of daily life where people may have needed more support, for example, nutrition and any behaviour which may put the person or others at risk of harm. These assessments were reviewed on a regular basis or as and when people’s needs changed.

People’s care plans contained a record of reviews undertaken which involved the person, their relatives where appropriate, staff and health care professional

involved with the person’s care. The reviews recorded the opinions of all those involved, including the person, about how their care was being provided and whether there should be any changes. Reviews were held regularly and emergency reviews had been held when people’s needs had changed rapidly, for example, deterioration in the person’s mental health needs.

The staff supported people to access the local community and to keep in touch with friends and relatives. People’s care plans documented what activities they had undertaken on a daily basis.

Some people preferred to spend most of their day in their room and staff respected those wishes. However, staff were aware that some people could become isolated and cut off from the rest of the service so they made sure they were regularly asked if they needed anything or if they wanted to join in the organised activities. We also saw staff visiting people in their rooms and spending time with them to ensure they did not become isolated or depressed. Staff told us this was an important part of their job.

The registered provider had a complaints procedure in place and this was displayed around the service. Staff told us they were aware of how to handle complaints they may receive. They told us they would try and resolve the problem immediately if they could but for more complex complaints they would refer the complainant to the registered provider, who kept a log of all complaints received. This showed what the complaint was, how it had been investigated and whether the complainant was satisfied with the way the complaint had been investigated. Information had been provided to people about how they could consult outside agencies if they were not satisfied with the way their complaint had been investigated; this included the local authority and the Local Government Ombudsman.

Is the service well-led?

Our findings

People told us they were consulted about how the service was run, comments included, “[Registered provider] asks us about how thing should be done”, “We have meeting once a month and we all discuss the home and what happening, like the new extension” and “I have filled out a questionnaire, lots in fact.”

During the inspection we saw the registered provider was accessible to staff and spent a great deal of their working day out of the office checking staff practise and ensuring people’s needs were met. Staff told us they found the registered provider very supportive and approachable, comments included, “[Registered provider] is brilliant, she will come out on the floor and help us if we need it”, “I can go to [registered provider] and ask her about anything and she tries to sort it out for me, even stuff in my personal life.”

Staff told us they had meetings where the registered provider gave them updates as to what was happening at the service, for example, the recent plans for the new extension and any future plans for the service. They told us the registered provider updated them on new legislation with regard to their role and any new ways of working which were being implemented. We saw minutes of meetings held with staff which showed the various topics discussed, for example, working practises, any planned changes or anything the registered provider wanted to bring to the staff’s attention.

All accidents and the outcome of any actions taken as result of an accident were recorded. The registered provider analysed accidents 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 registered provider had a range of audits which they undertook on a regular basis, this included audits of staff training, staffing levels, people’s care plans, the environment and the décor of the building. If any areas were identified as needing improvement a report was formulated and time scales were set to make sure these were addressed.

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 with action plans set to address any short falls. The registered provider also undertook meeting 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 registered provider collated the views gathered via the surveys and meetings and set action plans and goals to address any issues raised.