

Mr & Mrs G Hart

Eastbourne Villa

Inspection report

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Ratings

Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 6 November 2014. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach in respect of poor moving and handling techniques, recruitment procedures, the lack of quality monitoring systems and the care of people living with dementia not being based on published guidance.

We undertook this focused inspection to check that they had followed their plan and to check that they now met legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastbourne Villa on our website at www.cqc.org.uk

We found that the manager and deputy manager had made progress towards carrying out the improvements

that were recorded in their action plan. We found that action had been taken to alleviate concerns about the moving and handling techniques of staff but the other areas that were previously breaches of regulation still required further improvement.

In addition to the above, we had received some information of concern since the inspection in November 2014 about people at the home becoming dehydrated and about communication between staff and relatives. We checked these concerns as part of this inspection.

On the day of the inspection the manager told us that they had been interviewed by an inspector with the Care Quality Commission for the post of registered manager, and during the inspection they received a telephone call to say that they had been successful. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 about how the service is run.

There were recruitment and selection procedures in place but these needed to be consistently adhered to. This was needed to ensure that only people considered suitable to work with vulnerable people had been employed.

Staff had completed training in moving and handling and this provided them with the knowledge they needed to assist people with transfers and moving around the home safely.

Improvements had been made to the environment; some signage had been provided and walls and flooring were not distracting for people with cognitive difficulties. However, further improvements needed to be made in the availability of signage and to promote the well-being of people living with dementia.

People had been consulted about the way in which the service was operated both by the distribution of surveys

and in meetings with staff and people who lived at the home. However, surveys had not been collated or analysed to record any action that was needed as a result of feedback received in surveys.

The quality of the service was being measured through regular auditing of medication, infection control, complaints received and accidents / incidents. However, audits needed to be more robust to become effective tools for improvement.

Although we saw that action had been taken in the areas where we had previously recorded breaches of regulation, some of these were insufficient to evidence sustained improvement.

We have made recommendations about the recruitment and selection of staff, the need to follow good practice guidance in respect of supporting people who are living with dementia, the monitoring of nutrition and hydration, communication between staff, and quality assurance.

When we next inspect Eastbourne Villa we will look at these areas again to check that the improvements made have been further developed and have resulted in the home providing a good service.

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 is not safe.

Improvements had been made to the recruitment and selection processes followed at the home but more effort needed to be made to ensure only people considered suitable to work with vulnerable people were employed.

Staff had completed training in moving and handling and this provided them with the knowledge they needed to assist people with transfers and moving around the home safely.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement



Is the service effective?

The service is not effective.

Improvements had been made to the environment in that some signage had been provided. However, further improvements needed to be made in the availability of signage and to promote the well-being of people living with dementia.

More attention needed to be paid to people's nutritional needs to avoid the risk of dehydration.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement



Is the service well-led?

The service is not well-led.

People had been consulted about the way in which the service was operated. Although there was no record of the collated findings and action taken, we could see that some improvements had been made as a result of people's feedback.

The quality of the service was being monitored although audits needed to be more robust so that there was a clear record of the areas checked, the findings and the action taken.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement



Eastbourne Villa

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Eastbourne Villa on 6 May 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our November 2014 inspection had been made. We inspected the service against three of the five questions we ask about services: is the service safe? Is the service effective? Is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by an Adult Social Care (ASC) inspector. During our inspection we spoke with the manager and the deputy manager and observed day to day life for people who lived at the home.

We checked the records in respect of moving and handling training, quality monitoring, nutrition and recruitment and selection, and we toured the premises to look at how well it had been adapted to meet the needs of people living with dementia.

Is the service safe?

Our findings

At the last inspection of the service on 6 November 2014 we checked the arrangements in place for the recruitment and selection of staff and found that staff had started to work before all safety checks were in place.

This was a breach of Regulation 21 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

At the last inspection of the service we checked the moving and handling techniques used by staff when transferring people and assisting them to move around the home. We observed unsafe moving and handling techniques being used.

This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

At this inspection we checked the recruitment records for three members of staff. Prospective employees had completed satisfactory application forms. Copies of documents that confirmed the person's identification had been retained with their records. We saw that the questions asked and responses given during the interview were retained for future reference. We discussed how it would be more productive to ask 'open' questions rather than interviewees being able to answer just 'Yes' or 'No'. Two people had two written references and a Disclosure and Barring Service (DBS) check in place prior to commencing work. However, one of the references was poor and there was no evidence that this had been explored further.

A third person had started work at the home before their DBS check or DBS first check had been received. Their DBS first check had been received on 9 January 2015 and on 10 January 2015 they had signed a declaration which stated, "(Name) started prior to full DBS check - supervised and shadowed in all her dealings with residents." However, there was no evidence available to show that they had worked as an extra person on the rota or when they had worked 'shadowing' shifts. There was a copy of a previous DBS check that related to their employment in another care home and copies of training certificates gained at previous care homes to evidence that they had completed training that was relevant to the post they had applied for.

References had been obtained for this person before they started work at the home but we noted one of them was addressed to "To whom it may concern." References should be requested by the home to the people stated on the person's application form to ensure that they are genuine.

We recommend that recruitment and selection processes are followed consistently to ensure people's safety. We will check this again at our next inspection of the service to ensure that the recruitment and selection policies and procedures are being adhered to by the service.

We saw evidence that twelve of the fifteen care staff employed had attended training on moving and handling; this was an all-day practical training course. On the day of this inspection we did not observe any poor practice in respect of people being transferred or assisted to move around the home.

We checked the care plans for two people who lived at the home. We saw that one person had been assessed for the use of a wheelchair and a standing hoist / sling.

We found the legal requirements in respect of this breach of Regulation 9 had now been met.

The manager brought her puppy to work and it spent the day in the manager's office. There was a risk assessment in place to protect the safety of people who lived at the home, visitors and staff. There was a safety gate across the office door to keep the puppy in the office. However, on several occasions during the day the puppy left the manager's office and ran around the communal areas of the home. We discussed with the manager how the risk assessment would need to be continually reviewed to ensure people's safety and that the risk assessment should record how people would be protected from the risk of harm. We noted that the puppy's presence did not disturb any of the people who lived at the home, and that one person's relative came to the office to ask if their parent could spend some time with the puppy. Any person who was interested in moving into the home would need to be told about the presence of the puppy.

Is the service effective?

Our findings

At the last inspection of the service on 6 November 2014 we checked whether the home was suitably equipped to accommodate people living with dementia and if staff had access to good practice guidance. We found that none of the staff had specific knowledge about best practice guidance in respect of suitable environments for people living with dementia and that there was no signage to assist people to navigate around the home.

This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

At this inspection we saw that nine staff had completed training on dementia awareness and this gave them some knowledge of the needs of people living with dementia. The manager told us that they had obtained some signs to display around the home. This helped people to identify toilets, bathrooms and their own bedroom but additional signage was needed to ensure that all areas of the home were easy to locate.

At this inspection we found that dining tables were still pushed against the wall in the dining room. In addition to this, no-one used the dining room at tea-time. We discussed with the manager that these types of signals were needed to aid people with cognitive problems to identify times, places and activities.

We saw that the walls in the dining room were bright and free from large patterns. Lighting was adequate and flooring in communal areas of the home and corridors was laminate so were not distracting for people who had problems with cognition.

We recommend that all staff gain knowledge about best practice guidance to enable them to support people living with dementia.

Whilst we were at the home we checked two people's care plans to look at the quality of recording in respect of nutrition and hydration. This was because we had received some information of concern about the availability of fluids. We saw that one person's care plan recorded they had had two urinary tract infections (UTI's) and a chest infection in the previous few weeks. There was no risk assessment in place about this person's risk of developing UTI's and nothing specific in the care plan to identify this as an area of concern. Daily records stated "Drunk well" but there was no fluid chart in place that actually measured the amount of fluid taken. We also noted that there were no jugs of water or juice placed around the home so that people could help themselves to a drink, or their visitors could pour one for them.

We told the manager and deputy manager that we had received some information prior to the inspection that indicated communication between staff was sometimes ineffective. The manager told us that they used a 'handover book'; senior care staff recorded information in the 'handover' book and care staff were expected to pass any important information to senior care staff to record. There was a diary used by the managers to record hospital appointments, family visits etc. and we were told that this information was also recorded in the 'handover' book. This meant that all staff should be aware of any arrangements in place in respect of appointments and other arrangements that affected people's well-being.

We recommend that people's nutritional and hydration needs are recorded in their plans of care and that staff encourage people to drink when they are reluctant or at risk of dehydration. In addition to this, more care needs to be taken to ensure that communication between staff, and between relatives and staff, is effective. We will check this again at our next inspection of the service.

Is the service well-led?

Our findings

At the last inspection of the service on 6 November 2014 we checked the arrangements in place for gathering feedback from people who lived at the home and found that these were not satisfactory.

This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

At this inspection we saw that there had been a meeting for people who lived at the home; eight people had attended the meeting. People discussed their likes and dislikes on the menu and were asked if they had any suggestions for new dishes to be added. Everyone said that they were happy with the staff and with their bedrooms. People said that they would like more activities and suggested baking, bingo, dominoes, drawing / art and an exercise class. The appointment of a new manager was discussed, and that the existing manager would become the deputy manager. The manager explained the building work that would be taking place to create a larger office and staff room and apologised for any inconvenience this may cause people. (This work had been completed by the date of this inspection.) It was suggested that tea time should be moved from 4.30 pm to 5.00 pm and everyone present agreed. This evidenced that people were asked for their opinions about how the home was operated and if any improvements were needed.

On the day of the inspection we saw one member of staff playing a card game with one person; other people were invited to take part but declined. Another person was taken out by a member of staff to a hospital appointment and on the way home they visited the local shops. A third person had a visitor and they spent time in the conservatory so that they had some privacy. We saw in care plans that there was little recorded about the activities people had taken part in, and these were usually that people had watched TV, had their hair done or family visits. The manager acknowledged that staff were not always recording how people had spent their day.

We asked if the home had meetings for relatives; we were told that there were no specific meetings for relatives but they were invited to 'residents' meetings.

A survey had been distributed to relatives but only four had been returned. We looked at some of the comments made by relatives; these included that meals were repetitive,

there was no choice of meal at lunchtime, the cleaner was excellent and that some staff were polite and happy but others lacked personality and skills, and didn't seem to care for family members. It was suggested that the dining room would benefit from being painted in a brighter colour and we saw this had been actioned. However, some people told us that they thought the colour chosen was too bright. One person said that they thought tea-time was too early and we noted that this was discussed at the 'residents' meeting. Another person mentioned that the dining tables were pushed against the walls so the room did not look like an inviting dining room; we had highlighted this at our last inspection. One person recorded in the survey, "Things that we have asked for start off with good intentions but go by the wayside very quickly." Although we could see that some of these suggestions had been acted on, there was no summary of the responses received and no record of the action taken or timescales involved to show that people had been listened to and appropriate remedial action had been taken.

We saw the minutes of the staff meeting that was held in January 2015; that was the most recent staff meeting that had been arranged. Staff were required to sign the minutes of the meeting to evidence they had read them; this ensured that all staff were aware of decisions made at the meeting. Topics discussed included the introduction of 12 hour shifts and that daily records could only be completed by a senior care worker. It was not made clear in the minutes of the meeting why these decisions had been made and there was no evidence that staff were invited to express their views about these decisions.

The manager told us that a survey had been sent out to staff along with their pay slip. Responses had not been returned or collated at the time of this inspection.

There was a record of the frequency quality audits would be carried out. This stated that medication and the handyman log would be audited weekly and that accidents, complaints, care plans and cleaning would be audited each month. Health and safety, room checks and infection control would be audited every three months. At this inspection we saw that audits were taking place to check that the systems in place at the home were being adhered to.

The infection control audit also included a check on the safety of the premises and general cleanliness. The audit recorded what had been checked as part of the audit and

Is the service well-led?

there were a number of shortfalls identified, such as redecoration, soap dispensers not working and rooms requiring new carpets. There was no record of the action that had been taken to rectify these shortfalls or a completion date. However, we noted that some shortfalls had been checked as part of the following audit and records stated they had now been actioned.

We checked the complaints audits. There was a record of the complaint made and the action taken to rectify the situation. For example, one person had been admitted to hospital and they had a 'Do Not Attempt Resuscitation' (DNAR) form in place. This form had not been taken to the hospital with them. The manager and deputy manager had prepared a list of people who had a DNAR in place and displayed it inside the medication cabinet so that all staff knew where it was and it was easily accessible. We also saw that, when people had a DNAR form in place, it was stored at the front of the person's care plan.

Accidents were audited and the records included the possible reason for the accident or fall and the outcome.

Medication was audited each week. Checks were made on stock, medication administration record (MAR) charts, use of codes on MAR charts, controlled drugs, disposal and room temperatures. However, there was no record of which MAR charts had been checked and which medication had

been checked. In addition to this, there was no record of any action that needed to be taken. The deputy manager told us that they would add an additional column to the checklist to record this information.

On 6 May 2015 an audit had been carried out and recorded on a document called 'monitoring chart'. We believed that this was an infection control audit. It recorded what equipment should be in each room, such as liquid soap, paper towels, alcohol gel and a waste paper bin. It also checked that walls and ceilings, commodes, toilets and wash basins were clean and free from dirt or stains. These audits had been carried out on 20/08/2014, 06/02/2015 and 06/05/2015.

We found audits to be confusing; sometimes audits were carried out independently and sometimes they were combined with other audits. The format for audits changed from month to month and this made it difficult to follow progress and action taken.

We recommend that quality monitoring surveys and audits include information about the overall outcome, any action taken and any learning that would improve the experiences of people who use the service. We will check this again at our next inspection of the service.