

Northumberland, Tyne and Wear NHS Foundation  
Trust

# Easter Field Court Residential Care Home

## Inspection report

1-5 Easter Field Court  
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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 7 June 2016 and was announced. The inspection took place as part of our comprehensive inspection of Northumberland, Tyne and Wear NHS Foundation Trust's services.

We last inspected the service in November 2013 where we found the service was meeting all the regulations

we inspected.

Easter Field Court Residential Care Home is a service for people with a mental health condition. It comprises of five bungalows situated in a cul-de-sac, within walking distance of Morpeth town centre. A total of 17

# Summary of findings

people can be accommodated in the bungalows. There were 15 people in receipt of care and support from the service at the time of the inspection.

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 about how the service is run.

The service had been through a period of change. Two of the provider's residential homes had closed and

staff at these services had come to work at Easter Field Court Residential Care Home. In addition, a new

"model of care" had been introduced. The service had been a "home for life;" now it was now a transitional

service where people came for assessment and "moved on" to live independently in the local community or

to another residential service.

People told us they felt safe. There were safeguarding policies and procedures in place. Staff were

knowledgeable about what action they would take if abuse was suspected. There were no ongoing

safeguarding concerns. This was confirmed by the local authority safeguarding adults officer.

The premises were clean and well maintained. Checks were carried out to ensure the safety of the building and equipment.

There was a safe system in place for the receipt, storage, administration and disposal of medicines. Many people managed their own medicines.

People told us there were enough staff to meet their needs. On the day of the inspection, we saw that

people's needs were met by the number of staff on duty. There was a training programme in place. Staff

were trained in safe working practices and to meet the specific needs of people who lived at the service.

Staff told us that they were a small supportive team. All staff told us that they felt well supported by the manager.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act

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2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a

law that protects and supports people who do not have ability to make their own decisions and to ensure

decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in

care homes and hospitals. The manager told us and our own observations confirmed that there were no

restrictions on people's liberty.

People were supported with their nutritional needs. There was an emphasis on promoting people's

independence in all areas of their life, including nutrition. We observed that people were cared for by staff

with kindness and patience. One person said, "I just love them to bits."

Care plans were in place which aimed to meet people's health, emotional, social and physical needs. They

provided staff with information about how people's care needs were to be met.

People told us that there was an emphasis on meeting their social needs. They were supported to access the

local community, go on holiday and pursue their individual hobbies and interests. There was a complaints

procedure in place and people told us they knew how to complain.

There was a system in place to monitor the quality and safety of the service. Audits and checks were carried

out regularly on various aspects of the 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 was safe.

Safeguarding procedures were in place and staff were knowledgeable about what action they would take if abuse was suspected.

The premises were safe and well maintained.

People, relatives and staff informed us that there were sufficient staff deployed to meet people's needs.

Good



### Is the service effective?

The service was effective.

Staff told us and records confirmed that training was completed in safe working practices and to meet the needs of people who used the service.

Staff told us that they felt well supported. Supervision sessions and an annual appraisal were carried out.

Staff followed the principles of the Mental Capacity Act 2005 in their roles.

People's nutritional needs were met and they were supported to access healthcare services.

Good



### Is the service caring?

The service was caring.

People told us that staff were caring. We observed that support was provided with patience and kindness.

People were treated with privacy and dignity.

Records evidenced that people were involved in their care and treatment.

Good



### Is the service responsive?

The service was responsive.

Care plans were in place which aimed to meet people's health, emotional, social and physical needs.

People told us that there was an emphasis on meeting their social needs. They were supported to access the local community, go on holiday and pursue their individual hobbies and interests.

There was a complaints procedure in place and people knew how to complain.

Good



### Is the service well-led?

The service was well led.

The focus of the service had changed. Previously, the service had been a "home for life," now, it was a transitional service where people came for assessment and "moved on" to live independently in the local community or other residential services.

Good



# Summary of findings

There was a system in place to monitor the safety and quality of the service.

Staff told us that morale was good and they enjoyed working at Easterfield Court Residential Care Home.

# Easter Field Court Residential 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.

The inspection of Easterfield Court Residential Care Home was carried out by one inspector. We visited the service on 7 June 2016. The inspection was announced because it was part of our planned comprehensive inspection programme of Northumberland, Tyne and Wear NHS Foundation Trust's services. Inspections of the provider's other services were carried out by a team of CQC inspectors, specialist advisors and experts by experience. Specialist advisors are clinicians and professionals who assist us with inspections. Experts-by-experience are people who have personal experience of using or caring for someone who uses this type of service.

We spoke with 11 of the 15 people who lived at the service to obtain their views of the service. We also talked with two people's relatives.

We checked information which we had received about the service prior to our inspection. The manager had completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

As part of our inspection we spoke with the registered manager, a team leader and three care workers. We also spoke with two community nurses, a support worker from the provider's community rehabilitation team and an occupational therapist. We conferred with a social worker from the local NHS trust. We examined three support plans and records relating to staff, including training files. In addition, we checked records related to the management of the service such as audits. We consulted with a local authority 7 Easterfield Court Residential Care Home Inspection report 26 August 2016 safeguarding officer. We considered all of the information we gathered and used it to inform our judgements.

# Is the service safe?

## Our findings

All people with whom we spoke informed us they felt safe. One person said, "Aye, it's safe here." A relative told us, "From a relative's point of view it's reassuring to know that they are safe there."

There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. No concerns were raised. We spoke with a local authority's safeguarding officer. They told us there were no current organisational safeguarding concerns regarding the service.

We checked staffing levels at the service. All people and relatives told us that there were sufficient staff deployed at the service. Comments included, "There's plenty of staff," "There's enough staff, there's loads of them" and "There's always someone around and there for you."

During our visit we saw that staff carried out their duties in a calm unhurried manner. Staff were also available to support people to access the local community. There were two staff on duty at night which people said was sufficient to meet their needs.

The manager told us and people confirmed that staffing rotas were person centred and altered to meet the needs of those who used the service. One person informed us, "They have more [staff] on if we need to go out for appointments or trips." Another said, "The staffing is flexible, I had to go to [name of hospital] the other day and they had extra staff in. They also get extra staff in to take people out."

Sickness levels were monitored. There were currently a number of staff off on sick leave. The manager told us and staff confirmed that most shifts were covered by permanent staff at the service, although they could access the provider's bank staff if necessary. The manager said, "We do try and cover with staff who know the unit. It ensures continuity."

Staff told us that appropriate recruitment checks were carried out prior to them starting work at the service. These included Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a report which details any offences which may prevent a person from working with vulnerable people. They help providers make safer recruitment decisions. The wider CQC inspection team

checked staff recruitment records and found that there were robust recruitment procedures in place to help ensure that prospective staff were suitable to work with vulnerable people.

The bungalows were clean and well maintained. People said that the bungalows had recently been refurbished. Comments included, "It's all been redecorated," "It's very pleasant here, it's a beautiful place to be with all the amenities" and "They've spruced up the place, it's had a makeover - nice. We've got what we need." The manager told us that they encouraged people to bring in their own furniture to help personalise their rooms.

Checks had been undertaken to ensure the premises were safe. These included electrical tests, gas and water checks. The manager did not have access to all the safety certificates on the day of the inspection because the property was not owned by the provider. She forwarded these onto us within 48 hours. An annual 'Clinical Environmental Risk Assessment' of the service was conducted by the provider's health and safety manager to identify any areas of concern. No issues or actions were identified at the last assessment.

Other checks were carried out to ensure the safety of the environment. The manager told us that unplanned narcotics search dog visits were carried out. We read an information leaflet which stated, "It is hoped that improved narcotics detection rates will lead to a reduction in any anti-social behaviour and reduce violence and aggression."

We checked equipment available at the service. Checks and tests had been carried out on moving and handling equipment such as the bath hoist. We spoke with an occupational therapist who told us she had obtained portable steps to enable one person to access the shower safely. In addition, she had supported the person to get a scooter to help them access the local community independently. The manager told us, "It has given them a new lease of life and improved their quality of life."

We noted that there was a safe system in place for the receipt, storage, administration and disposal of medicines.

People told us that staff supported them with their medicines. One person said, "The staff are good, they never forget. They have to watch me in case I don't take my medicines. I understand why."

## Is the service safe?

Some people managed their medicines independently; assessments had been completed to assess this risk. One person told us, "I see to my own tablets." Each person had their own individual medicines cabinet in their bedroom. The manager told us, "Before, everyone used to come over and queue outside the clinic [medicines room] for their medication. It wasn't person-centred. Now it's safer and more person-centred."

We checked the management of controlled drugs. These are medicines which are liable to misuse and need stricter controls. We saw that there was a safe system in place to manage these medicines.

Risk assessments were in place which had been identified through the assessment and care planning process. This meant that risks were minimised to help keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction such as maintaining independence out in the local community. One staff member said, "It's as safe as it can be here without people being overpowered with staff watching over them. It's all about promoting their independence and assessing risk." The manager told us, "There's always going to be risk, we try and minimise this as much as possible."

# Is the service effective?

## Our findings

People were complimentary about the skills of staff. Comments included, "They are well trained" and "They know what to do, I have epilepsy," One relative told us, "Easter Field Court is a residential home where people are treated by staff who understand mental health issues and they are individually looked after and their needs are met." Another relative said, "Staff have a very clear understanding of their roles and responsibilities."

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. The manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people who used the service. This included training in the Mental Health Act 1983, Dual Diagnosis and Autism. A computerised traffic light system was used to monitor training. Any training which was due to be completed within four months was highlighted amber on the system. This turned red when the date for completion had passed. The manager told us, "I don't like red!" We saw that most of the training was at 100% completion rate.

Staff told us and records confirmed, that they undertook induction training when they first started working at the service. This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

Staff told us that they were a small supportive team. All staff told us they felt well supported by the manager. Following the closure of two of the provider's nearby residential homes, all the staff who worked at these services moved to Easterfield Court Residential Care Home. The manager told us that this had changed the dynamics of the team. She said she had managed this change by having regular team meetings to discuss team work and encourage open discussion about how staff were feeling. She said, "It was all about pulling together and listening." Staff told us that they were happy working at the service and said they were a "good team."

Staff told us and records confirmed that they felt well supported and had regular supervision. Annual appraisals were carried out. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

Staff had different "lead roles" which the manager told us motivated staff because of their particular interests. One staff member was the police liaison lead. They attended liaison meetings between the police and the provider to identify any key trends or issues. Another staff member was the physical health lead. This staff member ensured that health checks such as blood sugar monitoring, weights and blood pressure checks were carried out as planned. There was also an infection control champion to make sure that staff followed the correct infection control procedures.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. There were no restrictions on people's movements. One person said, "You can come and go out whenever you like." Assessments had been carried out to ascertain whether people's plan of care amounted to a deprivation of liberty. No concerns had been highlighted.

One person was on a community treatment order [CTO]. A CTO is a doctor's order for a person to receive treatment or care and supervision in the community. The treatment, or care and supervision, is based on a community treatment plan which outlines the medications, medical appointments and other aspects of care the doctor believes is necessary to allow the person to live in the community rather than hospital. We spoke with this individual who told us that they were happy living at the service and knew their rights. They said that their mental health was monitored by staff at the service. They said, "The staff have been very good, there's been a couple of blips but they've supported me."

We checked whether people's nutritional needs were met. People were complimentary about the meals and the

## Is the service effective?

support they received. One person said, "[Name of staff member] knows my likes and dislikes and she will help me to prepare it [meals]. She goes to a lot of trouble to make things I love."

Many people were supported to be independent with their nutritional needs. One person told us, "I make things like mince and tatties [potatoes] and spaghetti bolognaise, other times I sometimes get ready meals." Another person showed us a healthy eating magazine they had been reading which included an article about type two diabetes. They said, "I've written to Newcastle University to ask for more information about it."

We spoke with the housekeeper who told us that her role had changed. She explained that she used to make everyone's meals and people used to come to the dining room to eat. She said, "Now I'm supporting them with budgeting, shopping and cooking. I will be an enabler rather than a housekeeper in the future. I used to cook for them all, now there's only two. I still bake for the supper and bake scones and cakes. When people first come in I sit with them and go through their likes and dislikes" and "I always gets to know if anyone if losing or gaining weight – I like to know. If they are losing weight I bulk up their meals."

People's care plans included information about their likes and dislikes and any special nutritional requirements. We read that one person followed a diabetic diet and another person required a soft textured diet. Information from the speech and language therapist was available in their care file to ensure that staff provided the individual with a suitable diet in a safe way.

People told us that staff supported them to access healthcare services. Comments included, "If they think I need the doctor they will help me make an appointment," "The staff know what you need and help you get medical attention if you need it" and "I go to the clinic by myself and then come and report back so they know what has been said for their records and so they can put my follow up appointment in the diary."

The provider had their own team of health and allied health professionals such as psychiatrists, physiotherapists, occupational therapists and nurses who supported people at Eastfield Court Residential Care Home. Records showed details of health and social care appointments

We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example consultants, GP's, community psychiatric nurses and social workers. One person told us, "They are always available. One time when I became unwell they had to phone 999 for the paramedics. Now the staff monitor my blood pressure and get advice if there's any problems with it." Another person said, "[Name of community nurse] comes around to make sure I'm alright." This meant that staff worked with various health and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

# Is the service caring?

## Our findings

People were complimentary about the caring attributes of staff. Comments included, "I am happy, I love it here, this is my home. I know all the staff, they are all very pleasant," "If I have been down a bit the staff will come over and cheer me up," "The staff do care about everyone," "It's really nice, the staff look after you. They can't treat you like a son or brother because of boundaries, but they care about you and treat you according to your needs," "The staff are caring they go above and beyond," "The staff are caring," "It's very nice and very homely I would say," "They are very, very, supportive, the staff take great interest in us as individuals" and "The staff are fair and kind, they have their professional boundaries which they stick to. You go and see them about any problems and they will help." A relative told us, "I haven't come across anyone not caring or not respectful."

Staff spoke with pride about the importance of ensuring people's needs were met. Comments included, "Things are working great. We are all working for the good of the people," "It's friendly and relaxed here. We go off what the residents want – it's down to them," "Everything is done in conjunction with people, we have planners but they are not rigid, it is what they want to do and what they need" and "It's all about listening to them and finding out what they want and trying to enhance their life by giving them the opportunities."

There was a key worker system in place which staff told us helped them build a rapport with people. One staff member said, "The key worker initiative makes everything more person centred. We are not doing things for people, we are doing things with them. It's all about getting to know them and building up trust." One person told us, "My key worker is [name of staff member] he's a good lad."

Interactions between staff and people were patient, friendly, respectful, supportive and encouraging. There was laughter between people and staff throughout the day. One person told staff and ourselves jokes and funny stories which involved pogo sticks, fried soup and lightening! We observed staff and people sitting outside the bungalows talking to each other and enjoying the sunshine. It was obvious that people enjoyed the company of staff and appreciated the time staff spent with them.

One person became very anxious about their medicines. The manager spent time reassuring them that everything would get sorted and suggested some techniques that they could use to help them sleep such as a warm bath, a cup of Horlicks or watching television.

We saw positive interactions between people and other members of the staff team. People related well to the housekeeper. One person pointed to the housekeeper's apron which was personalised with the housekeeper's name and the words "Baking Queen." "She is" said the person, "She really is." We saw one person smiling and waving at the housekeeper over the lunch time period.

Staff were knowledgeable about people's needs and could describe these to us. They told us that one person liked collecting model trucks, another person enjoyed walking and a third person liked to visit Morpeth for fish and chips and ice cream. The housekeeper told us, "They have a good banter, you always know if they are in a bad fettle and you know how to bring them out of it."

Staff explained that they did not wear a uniform. One member of staff said, "It's a good thing, because it

shows you're not part of an institution. I feel it helps us relate to people more." People told us that staff promoted their privacy and dignity. Comments included, "They always knock on your door and will always ask before they come in," "They always give me my privacy when having a shower, mind you sometimes I forget how to switch the shower on but at least if you don't need as many towels that way!" and "I'm quite a private person and they respect that."

There had been a change in the focus of the service from care and dependence to independence. The manager told us that there had been some resistance to this change from people who had lived at the service for a number of years. She said, "It's all about promoting independence as much as possible. The long term goal is to move on and there has been some resistance. We just need to try and get these skills reinvented for people so they can move on."

People and relatives told us that promoting people's independence was now the main emphasis. Comments from people included, "The staff let me do what I can, I have a shower by myself," "I go on the bus [myself] to places like Newbiggin. Newbiggin is my favourite," "They let you do as much as you can. I do my own cooking and washing and you can come and go as you please," "You can

## Is the service caring?

get up when you want and go to bed when you want, it's down to us," "The whole idea why I am here is to get a place of my own. I do my own shopping and I see to my medication."

We spoke with one support worker who said, "It's all about creating individuality and promoting independence." Another staff member said, "It's so important to build their skills up because when I was a housekeeper, we did everything for them, now they are getting a budget and doing things for themselves...When [name of person] came in they couldn't even make a cup of tea, he now makes his bed and does his own laundry and will cook things like shepherd's pie with support." We spoke with this individual who said, "I can now cook and I make my own bed."

People told us that they felt involved in their care. One person said, "I have my fair share of involvement in saying about my care. I have a care plan that they go through with me and there is a timetable on the back of my door about what I should be doing that day, I don't need to stick to it, but it helps. You work with your carer about what you want to do." Relatives also told us that they felt involved in people's care and support.

One relative said, "I am invited to care review meetings and I come and talk to [names of professionals and staff] and a plan is made for the next three months. [Name of person] is very well looked after."

# Is the service responsive?

## Our findings

People were complimentary about the responsiveness of staff. Comments included, "If I need the staff they are there. I follow my care plan and ask staff if I need help," "[Name of staff member] is a good lad he helps me straight away," "The staff are always there to help you. They know when you are in need. They know your ailments," "They know if anything is wrong before we do. They notice the way you walk and how you talk, they know if there is something wrong. You might think you are alright when you are not. They write notes and whatever you are like and if you are getting better," "The staff are lovely, they are here for you," "It's fantastic here. They've got good facilities here, it's good for the shops and good for cooking" and "The staff pick up more about me than I pick up about me."

We spoke with two relatives who told us that staff were responsive to their family members' needs. Comments included, "They contact me straight away if there are any queries. I have a very good relationship with the staff," "I am really appreciative of all the staff and what they do for [name of person]," "There is no way she could be looked after any better anywhere" and "They have made some big improvements for him to have the best quality of life."

We conferred with a social worker who told us, "I think it's a really good service to the point they [people] don't want to leave. The staff know the needs of the people and they are passionate about what they do. They are an excellent service." The occupational therapist stated, "The staff have gone through lots of changes, this used to be a home for life and now people are moving on. Staff are excellent and learning to do things differently. There are people here who are catered for and those who are independent. The staff know people's needs."

We consulted with a community nurse who was part of the provider's community rehabilitation team. Her role was to monitor people's mental health and ensure timely action was taken if there was any relapse or deterioration in their mental health. She was also "a link" between people, staff and other health professionals such as the consultant psychiatrist. She was currently supporting people to "move on" from Easterfield Court and integrate into the community. She told us, "We've been really lucky, we've been able to look at people's needs and look at homes in the community and make sure that these are tailored to the needs of people. We want them to understand that

although they love living here, their next move will be nicer still. It's a better set up to integrate people into the local community and do what we would do at home. The staff are so good, they are open to suggestions."

Care plans were in place which aimed to meet people's health, emotional, social and physical needs. They gave staff information about how people's care needs were to be met. One staff member told us, "Where they need care and support, then we write a care plan so everyone knows what is needed." Information was available about people's physical health needs such as epilepsy and diabetes. Other care plans related to people's mental health needs. We noted that the community nurses had been involved in monitoring people's mental health and had advised staff on certain triggers that they should monitor which might indicate any relapse or deterioration in people's mental health.

Two of the care plans we viewed contained a "pen portrait." The manager told us, "It's a three page summary which summarises their life, their likes and dislikes, their needs and just gives you a bit of their history." One person's care plan which we viewed did not contain this information. In addition, there was no detailed information about the person's specific spiritual and cultural needs. The manager told us that this would be addressed immediately.

People's care files contained "Recovery Star" assessments. This is a visual aid to help people measure their own recovery progress in ten areas. These included living skills, relationships, social networks and identity and self-esteem. We saw people were involved in setting their own goals and measuring how far they were progressing towards their goal. Regular reviews of these plans were carried out. We read one entry by the community nurse which stated, "[Name of person] engaged fully in the process."

People told us that there was an emphasis on meeting their social needs and they were supported to pursue their hobbies and interests. Comments included, "I go to Morrisons [supermarket] twice a day, I go for tea in the morning and ice cream in the afternoon," "I do a lot of creative writing," "There's activities going on all the time. We go to pubs, the Metro Centre [shopping centre], we go out for meals and trips out. They help me buy clothes and shoes. We have just got Sky [television] and we're getting a computer," "I love cricket and I go to Ashington cricket club every Saturday," "We've been on trips, there's definitely enough going on," "There's things planned, there's a car

## Is the service responsive?

show being planned and they have a car here which we can use with staff" and "I'm a member of a walking group and we did Bingo yesterday." A relative told us, "I would like [name of person] to go on holiday and they have made particular efforts to organise this."

We saw people pursued their interests throughout the day. Some accessed the local community, others stayed in and did puzzles, spoke with staff or cooked. One person said, "It's just like home, we do what we would do at home, because it is."

There was a complaints procedure in place. No complaints had been received. We spoke with one person who contacted us with a complaint between our last inspection and this inspection. They told us they were "now happy." We spoke with another person who said, "I have no complaints. There is a points of view box so you can have your say." Meetings and surveys were also undertaken to obtain people's views. One person said, "They have meetings, but not many people show any interest in turning up."

# Is the service well-led?

## Our findings

There was a registered manager in place. She had been at the service for three years and worked for the provider for 25 years. People, relatives and staff were complimentary about her and her management skills. Comments from people included, "[Name of manager] is nice," "The staff really do care and it all rubs off from [name of manager]," "The manager is canny [nice]," "The manager is excellent," "The manager is good, she has a good personality and is very thorough in her application," "The manager is nice and easy going. She never takes any offence at what we may say" and "She is approachable and talkative." Relatives were also complimentary about the manager. Comments included, "Communication with [name of manager] is excellent" and "The level of commitment she shows is outstanding, she goes above and beyond."

The manager told us and staff confirmed that the service had been through a period of change and uncertainty. A new "model of care" had been introduced. The service was no longer a "home for life," it was a transitional service where people came for assessment before moving on to live independently or into another type of residential service. A social worker told us, "The staff have been so helpful, they know people's needs and are working with us excellently." A relative said, "They've kept the best that was there before and moved on with independence and promoting people's fulfilment. It's not led to social exclusion; it's been about facilitating and enabling people to have better quality of lives. That balance is very important...They've retained the good things of when it was more of a hospital, they are always very quick to get the consultant psychiatrist involved and take proper action, but they also recognise the importance of promoting independence."

Staff told us that they considered the manager had overseen the changes at the service well. One staff member said, "Since [name of manager] came it's much more modern. She is really good, it's much more homely now and the emphasis is on independence. At one time this was a locked kitchen, but now it's open, people can come in at any time, not that they all need to because most of them have fridges and kettles in their rooms."

Staff informed us that there was open and effective communication between management staff and themselves. Regular staff meetings were held and they

received a weekly newsletter from the provider called the Bulletin. A staff member said, "We get the Bulletin emailed every week to us, it has news and updates in. We read out information from it at our staff meetings." We looked at the minutes of the last staff meeting which was held on 3 June 2016; safeguarding, recovery star information and the CQC inspection was discussed. Staff surveys were also undertaken. These were based on the feedback from all staff and not just specific to staff at Easterfield Court Residential Care Home.

Staff were supported to question practice. There was a "Freedom to speak up guardian." One staff member told us, "If I didn't want to speak to any of the staff, I could go to him and he would advise me what to do and where to go. Fortunately, I've not had to raise any whistle blowing concerns."

Staff were caring, motivated and open. They told us that they enjoyed working at the service and morale was good. Comments included, "I love my job, we are now building a good team," "Morale has improved ten- fold," "[Name of manager] is lovely. She has turned this place around. We work as a team," "I mean there's always room for improvement. We are constantly learning, but it's great here," "I absolutely love it here. It is a nice place to work," "[Name of manager] is very supportive, you never need to ask her twice," "I never dreamt that places like this existed, it's great" and "I feel supported, [name of manager] has helped massively. She does things the right way." This was confirmed by people who told us, "They all seem to get on with one another" and "There's a nice atmosphere, it's well run."

People and relatives told us they were involved in the running of the service. A relative said, "[Name of manager] and staff seek feedback all the time." Meetings and surveys were carried out for people who used the service. One person said, "We have meetings and I can have my say." Another person told us, "We have meetings we said we wanted a computer and they're getting us one."

The manager told us that the provider had a planned programme of 'mock' inspections which looked at the five key questions which CQC check; is the service safe, effective, caring, responsive and well led. She explained that these were carried out at least annually. Following the 'inspection' they received a report outlining areas of good practice and any areas which needed further development.

## Is the service well-led?

Various audits and checks were carried out on all aspects of the service. At the time of our visit the manager was introducing a more detailed care plan audit which looked at all areas of the care planning documentation. Other checks were undertaken on medicines management, infection control and health and safety. Action was taken if any issues were identified. The manager told us that two "Heads of service" from the provider visited at least monthly. These visits were currently not documented. Following our inspection, the manager told us that these visits were now going to be documented so it was clear what areas had been checked.

Accidents and incidents were recorded and analysed for any key themes or trends. This information was stored on the provider's computerised management system. The

manager provided us with a bar graph report of all accidents and incidents at the service over the past 12 months. She was unable to access previously recorded accidents and incidents on the computer to check the exact details of each one, although paper records were kept which recorded this information. The manager told us that she would look into this computer access issue.

We looked at the maintenance of records. We saw that care files were stored securely. The manager was able to locate all records we requested promptly with the exception of some safety certificates relating to the premises. Following our inspection, the manager told us that a new file had been set up and all servicing and maintenance certificates were now stored in this file.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.