

Knightingale Care Limited

# Eastwood House Care Home

## Inspection report

Eastwood House  
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Rotherham  
South Yorkshire  
S65 2BL

Tel: 01709363093

Date of inspection visit:  
17 February 2022  
03 March 2022

Date of publication:  
24 March 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Eastwood House is a care home providing personal care. It can accommodate up to 37 people. Some people using the service were living with dementia. There were 35 people using the service at the time of the inspection.

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

Risks were not effectively managed to ensure people's needs were met. We found the documentation in place did not always evidence appropriate actions were followed by staff to ensure risks were mitigated. Medication systems were not always followed by staff to ensure medicines were administered as prescribed. The environment was not always well maintained, and areas were not clean. We observed staff did not follow best practice for infection control procedures causing potential risk of cross infection and contamination.

There were adequate staff on duty when we carried out the site visits. Staff conformed this. However, staff said they often had to assist on other units, which impacted negatively on people. This was changed following our inspection.

The quality monitoring systems were not effective. The issues we identified at inspection had not been picked up by the audit systems. The registered manager and the providers have since our site visit, been addressing this to ensure the systems are used, shortfalls identified, and action plans developed to ensure improvements.

People told us the staff were good, relatives also told us the staff were lovely. We observed when staff interacted with people, they were kind and caring. However, staff did not involve people in decisions and did not communicate effectively with people. The environment was not dementia friendly, there was no signs to guide people, there was little or no stimulation to interest or engage people and promote their well-being. There was not an effective strategy to promote a person-centred culture that achieved good outcomes for people.

Incidents and accidents were recorded appropriately to ensure lessons were learnt. Staff we spoke with understood safeguarding procedures and whistleblowing and all stated they would report any issues immediately.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 18 March 2020)

### Why we inspected

The inspection was prompted in part due to concerns received about infection, prevention and control raised by a visiting professional and the local authority. A decision was made for us to inspect and examine those risks. Further risks were identified at the site visit on 17 February 2022; therefore, a decision was made to complete a focused inspection to review the key questions of safe and well led.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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 good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvement. We have identified a breach in relation to safe care and treatment and governance at this inspection Please see all sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastwood House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Eastwood House Care 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.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type.

Eastwood House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 17 February and ended on 3 March 2022. We visited the home on 17 and 22 February 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We received feedback from professionals who worked with the service. We spoke with 13 members of staff including the providers, nominated individual, registered manager, deputy manager, care staff and ancillary staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records, medication records and daily care records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Is the service safe?

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

At the last inspection this key question was rated Good. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were not always managed to ensure people's needs were met. Care plans detailed actions to mitigate and manage risks. However, although we found no evidence people were harmed, the documentation in place did not always evidence the actions were followed to ensure the risks were managed. For example, people's weight was monitored but the malnutrition universal screening tool (MUST) scores were not always recorded correctly, people who were identified at risk of weight loss had food charts in place but these were not always completed, monitored or reviewed so were not effective in managing the risk.
- Risks associated with people's mental health were not effectively managed. For example, where people were at risk of presenting with behaviours that challenged the assessments were not always detailed to ensure staff understood how to manage the risk to promote their well-being and achieve positive outcomes.

Risks relating to the health safety and welfare of people were not always effectively managed. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Preventing and controlling infection

- Equipment and furnishings were not always clean. For example, shower chairs, raised toilet seats, dining chairs and cushions were stained and dirty. Areas of the environment were not well maintained so could not be effectively cleaned. For example, damaged chairs, floor coverings, missing wall tiles, storerooms cluttered and unorganised so not able to be effectively cleaned.
- Staff did not always follow best practice infection control (IPC) procedures. For example, wearing false nails, stoned rings, watches and long sleeve clothes. We did not observe staff washing their hands regularly or offering people they supported assistance with hand washing at appropriate times. We found personal protective equipment (PPE) hung over handrails in corridors and loosely stored in bathrooms and toilets causing potential risk of contamination. On the second day of our site visit the registered manager had commenced addressing these issues and understood the importance of ensuring these improvements were sustained.

The provider had failed to ensure infection, prevention and control policies and procedures were always followed This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008

#### Using medicines safely

- Medication systems were in place for staff to follow and medicines were stored correctly. However, we found the correct systems were not always followed. For example, staff handled the medicines, assisted people to take medicines by placing them in their hands or mouth wearing the same gloves while assisting several people, posing a risk of potential cross infection.
- Medicines were signed for when administered correctly. However, we found topical medicines were not always given as prescribed. There were separate topical medicine records, which we saw had not been completed. For example, one person's record stated apply the cream three times a day. The chart had columns to record when it was administered, or record if it was not given and why. We found many of these were blank, they had not been reviewed or monitored by the registered manager.
- Staff were administering pain relief to people regularly without assessing if they were in pain, whether the pain relief was effective or if it required reviewing. Staff said, "People have dementia, so we don't know when they are in pain so give it regularly." This was not providing care to meet people's needs in a person-centred way. Since our inspection the nominated individual has provided an action plan to evidence this is being addressed with staff.

The provider had failed to ensure Safe management of medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Staffing and recruitment

- There were adequate staff on duty on the day of our inspection and staff said there was mostly enough staff to meet people's needs. People we spoke with told us staff were lovely and were always there when needed.
- The provider had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment.

#### Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities. We saw care plans had been updated after an accident or incident to ensure they reflected people's current needs.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff made them feel safe. One relative told us, "The staff ensure [relative] is safe."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.

#### Visiting in care homes

- The visiting arrangements implemented by the registered manager followed government guidance. Relatives to us they were able to visit, they confirmed there were a number of choices, either use of a pod, the conservatory or could visit in their relatives' room. All relatives confirmed they had a lateral flow test (LFT) prior to visiting.

#### Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals



visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

- All staff had been fully vaccinated against COVID19. The provider had seen evidence to support this.
- Staff and visiting professional's vaccination status for COVID-19 was checked on arrival and recorded.

# 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 the last inspection this key question was rated good. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- The quality monitoring systems were not effective. The registered manager understood their roles, responsibilities and the regulatory requirements. However, these were not always carried out. For example, issues we identified at inspection had not been picked up or addressed by the registered manager. The documentation of administration of topical medicines, effective completion of food and fluid charts and IPC concerns. The governance framework did not ensure the regulatory requirements were managed. Therefore, did not promote continuous learning to improve the service.
- There had been a lack of robust oversight from the provider to ensure quality and safe care was being provided to people. The provider had systems in place to audit the service. However, these had not been effective.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The management team did not promote a positive culture that was person-centred. People told us the staff were good, relatives also told us the staff were lovely. We observed when staff interacted with people, they were kind and caring. However, staff did not involve people in decisions, did not communicate effectively with people or provide social stimulation that promoted their well-being. There was not a strategy to promote a person-centred culture that achieved good outcomes for people.
- The service supported people living with dementia but was not dementia friendly. There was lack of signage to guide people. Areas were dark and uninviting. The lounge diner was sparsely furnished, required decorating, there was no equipment/activities to enable social stimulation and people sat around watching a television with no sound on. The quality monitoring systems had identified the need for improvements, but these had not been actioned. The nominated individual has assured us action is being taken following our site visits. They have submitted a detailed environmental improvement plan, met with the registered manager and staff, improved staffing arrangements and plan to visit more regularly to support the team to ensure improvements are made.

The systems in place to monitor and improve the quality of the service were not effective. Although we found no evidence people had been harmed this was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager understood and acted on the duty of candour. We saw evidence incidents were reported to CQC. The registered manager had fulfilled their duty to inform relevant bodies.
- People who used the service and their relatives told us the staff were lovely and the registered manager was approachable. However, we found people were not always involved in decisions about the service. Following our site visits the registered manager informed us they have been open and transparent with staff and are supporting them to ensure systems are followed and embedded into practice to improve the service.

Working in partnership with others

- The registered manager had engaged with healthcare professionals. We found that advice was sought when people's needs changed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure people's risks were identified and managed to ensure their safety. Medicines were not effectively managed and infection control procedures did not ensure people were protected from the risk of infection.</p> <p>Regulation 12 (1) (a) (g) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure the systems and processes established and operated to assess and improve the quality and safety of the service provided were effective.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>