

Eastfield Care Homes Limited

# Eastfield Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Eastfield Nursing Home is a residential care home providing personal and nursing care to up to 52 older people who may be living with dementia or a physical disability. At the time of our inspection there were 48 people living in the home.

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

People were safe and protected from avoidable harm and abuse. The provider supported people to keep themselves and their belongings safe and secure. The provider had processes to manage people's medicines safely, and had adapted their infection control measures in response to the COVID-19 pandemic.

The service was managed and led well. The leadership and culture promoted high-quality, person-centred care. The provider could show clear improvements in how the service was managed.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (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 10 August 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

This information included concerns received in relation to how the service supported people safely. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating of good.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

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.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Eastfield Nursing Home

## Detailed findings

### Background to this inspection

#### Inspection team

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

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

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Eastfield Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed all the information we had received about the service, including previous inspection reports

and information the provider had sent us since the previous inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people about their experience of the care provided. We also spoke with the registered manager, the deputy manager and 3 members of staff. We observed people's care and support in the shared areas of the home.

We reviewed a range of records. This included 9 people's care records including medication records. We looked at recruitment records for 2 staff members. A variety of other records relating to the management of the service, including audits and checks were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were protected from abuse, harm and discrimination. People told us they felt safe and were happy they would be listened to if they had any worries.
- The provider had systems and processes in place to protect people from the risk of abuse. Staff we spoke with had completed safeguarding training, and they were aware of the risk of abuse and signs to look out for. Staff told us they were confident if they had concerns they would be listened to.

Assessing risk, safety monitoring and management

- The provider had a proactive approach to managing individual risks to people's health and well-being, which took into account people's human rights while taking steps to keep them safe. Where required the provider used standard tools to assess risks, such as nutrition and skin health.
- There were individual risk assessments in place, which were kept up to date by regular reviews. Risk assessments included falls, moving and positioning, skin care and swallowing difficulties. They were individual and specific to the person, for instance by identifying precautions needed when supporting a person who was receiving oxygen therapy.
- The provider took steps to manage risks associated with the building and premises. These included a fire risk assessment, routine checks on fire and electrical safety, and actions to manage the risk of water-borne disease. People had individual risk assessments if they were likely to be at risk of touching hot surfaces, sun burn, using electrical appliances and others.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were sufficient staff with the right mix of skills to support people safely. We saw staff supported

people in a calm, professional manner, using equipment and following guidance safely. People told us they rarely had to wait for staff to come if they needed support. Staff confirmed they were able to support people safely and according to their needs.

- The provider had a robust recruitment system, and made the necessary checks before staff started work. They had copies on file of the necessary records, such as evidence they requested a Disclosure and Barring Service (DBS) check for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely and in line with people's prescriptions. People told us they had their tablets on time and medicines were administered according to their choices and preference. Staff training and competency checks were up to date. Appropriate protocols were in place for administering medicines prescribed to be taken "as required", and for medicines administered covertly. Policies and processes were in place for keeping controlled drugs safely and in line with additional legal requirements relating to these drugs.
- The provider had processes in place to check medicines were kept and administered safely. These included checks and audits of medicines stored in the home, and keeping accurate and up to date records of medicines administered. The provider worked with their pharmacist and people's GPs to review their processes and people's prescriptions. Regular medicines reviews had led to some people taking fewer medicines, such as antipsychotic drugs.

#### Preventing and controlling infection including the cleanliness of premises

- The provider continued to have policies and procedures in place to support staff to maintain high standards of cleanliness and hygiene to reduce risks associated with COVID-19 and other infectious diseases. Staff described the measures taken as "rigorous but successful".
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- Arrangements for family visits were in line with government guidance at the time.

#### Learning lessons when things go wrong

- In the event of accidents or incidents there were thorough investigations and analysis. These included analysing any incident to identify trends, actions, learning and required communication. Staff were aware of their responsibility to report any incidents, and these were recorded by nursing staff and shared with the registered manager.
- Following more serious incidents and complaints raised by people's families, the registered manager involved staff in group reflective practice sessions to review the incident and identify learning and improvements.

# Is the service well-led?

## Our findings

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

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

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

- Since our last inspection the provider had employed two deputy managers. One of the new deputies was a registered nurse. There was clear delegation of tasks to the deputy managers. The management team showed a clear understanding of how to manage quality and risks, in a regulated environment.
- Staff were clear about their roles and responsibility. Care staff told us they felt supported by the registered nurses. There were formal and informal opportunities to have two-way conversations with nurses and managers about people's care. Staff were motivated to support people in a person-centred way and had the information and guidance to put this into practice.

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

- There was a positive, inclusive, person-centred culture which people appreciated. A person told us they thought the service was "well run" and they saw the registered manager frequently about the home. The service supported people to achieve good outcomes, such as improved mobility and greater independence.
- Managers and senior staff were available, consistent and led by example. They delivered and communicated their strategy effectively. Staff told us they worked well as a team and found the management team supportive. Staff said there was a positive, inclusive atmosphere.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. They had open and transparent communications with people and their families.

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

- The provider had a variety of informal and formal methods for engaging with people using the service. Managers and staff knew people well and could engage with people during planned activities and when supporting them with activities of daily living. People had a named nurse assigned to them who had regular conversations with them about their care and support. People had opportunities to provide feedback and be involved in decisions about their care.
- The provider had processes in place to engage with staff. These included individual and group supervisions, appraisals and team meetings. There were opportunities for staff to share views at shift



handovers and the registered manager had an "open door" policy which meant staff could speak with their manager at any time.

#### Continuous learning and improving care

- The registered manager had a development plan for the service which was renewed every year. It included goals related to further improvements in person-centred care and staff training. Proposed improvements included enhancements to the outside areas to allow people and their families to enjoy the surrounding countryside safely. There were plans to improve the shared areas of the home, and to develop a sensory room. The service had an ethos of continuous improvement.

#### Working in partnership with others

- The registered manager and staff team worked with other organisations and professionals to improve people's care. These included the local GP surgery, older people's mental health team, speech and language therapy team, specialist nurses, physiotherapists, dieticians and Macmillan nurses for advice on end of life care. Partnership working led to better care and supported people's wellbeing.