

David Mitchell

Easterlea

Inspection report

Easterlea Rest Home
Hambledon Road, Denmead
Waterlooville
Hampshire
PO7 6QG

Tel: 02392262551

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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 ●

Summary of findings

Overall summary

People's experience.

The service was previously rated as 'good'. This inspection found that the service retained its rating of 'good' in all areas. This means that people using the service received an effective service which was responsive to any changing needs. We found the service was managed safely and people were treated with care and respect. The good quality of care had positive outcomes for people using the service. More information is detailed the full report.

The service had a registered manager in place. 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.

Rating at last inspection:

Good (report published 14 September 2016)

Why we inspected:

We previously published our inspection in September 2016. It is CQC methodology to re-inspect 'Good' providers within a 30 month timescale. This inspection was completed as planned. We received information of concern from the Food Standards Agency (FSA). At our inspection we checked these concerns and found the provider was making progress from issues identified from the FSA report and found people were not placed at risk.

Follow up:

No concerns were raised within this inspection. We will therefore aim to re-inspect this service within 30 months. We will continue to monitor the service through the information we receive.

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 remained safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

Good ●

Easterlea

Detailed findings

Background to this inspection

The 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 checked 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.'

Inspection team:

One inspector conducted the inspection.

Service and service type:

Easterlea provides accommodation and support for up to 18 older people who may be living with dementia.

Notice of inspection

The inspection was unannounced. This meant the service was not aware we were coming to inspect.

What we did:

Before the inspection we requested the provider submits a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection took place, we gathered information known about the service. We considered notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also considered any information received from the public and professionals.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely:

- Medicine administration was safe and medicines were stored appropriately.
- The temperature of medicines storage areas was checked daily and maintained at safe levels.
- Medicines records were clear and accurate.
- Protocols were in place for 'as required' medicines to ensure staff had access to guidance about the administration and monitoring of these medicines.
- People were supported to retain a level of independence and self-administer their medicines where assessments had deemed this was safe.

Staffing levels:

- There were sufficient numbers of staff to meet people's needs. The provider ensured consistency in staff for people.
- The provider had effective recruitment procedures in place.
- Staff were subject to a number of security checks to ensure they were of suitable character to care for vulnerable because of their circumstances.

Assessing risk, safety monitoring and management:

- People were protected from avoidable risks. Risk assessments were undertaken by the registered manager for a range of risks, such as those associated with falls, diet and nutrition and skin integrity.
- Recognised risk assessment tools were used to help determine risks.
- In the care plans we looked at we saw examples of good moving and handling plans, which provided staff with information to safely help people to move.
- Equipment was used to help keep some people safe, such as the use of a hoist. The associated risks were assessed and consideration was given as to whether the equipment was necessary to keep the person safe.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Systems and processes:

- The service had effective safeguarding policies in place. People were supported by staff who had been trained and who understood safeguarding, what to look for and how to report concerns.
- Records confirmed the registered manager reported concerns to the relevant agencies and undertook investigations where these were required.

Preventing and controlling infection:

- Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare-associated infections.
- People told us staff wore personal protective equipment when providing personal care and all staff we asked told us they had access to adequate supplies.

Learning lessons when things go wrong:

- The provider was keen to develop and learn from events. All accidents and incidents were recorded onto the system care plan. The registered manager reviewed and monitored for any themes or patterns to take preventative action.
- The registered manager shared lessons learnt with staff at staff meetings.

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's care and support needs were assessed and regularly reviewed by the registered manager. Expected outcomes for people were identified and recorded.
- The registered manager used evidence based guidance when developing and updating policies and procedures. They utilised the CQC website and email alerts to gather information and they attended local networks and to share good practice to assist them to continuously improve their service.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- Staff completed an induction programme which included mandatory training before starting care work.
- Regular supervision was carried out by the registered manager to support staff to develop in their roles, and annual staff appraisals were planned to take place.

Supporting people to eat and drink enough with choice in a balanced diet:

- We received information from the Food Standards Agency (FSA) advising us the home had been inspected and had not passed their assessment of safety. The registered manager told us there had been issues with the gas in the surrounding areas of the home which resulted in a number of problems for the service. They said, "There were issues in the kitchen" but also told us, "The quality of food was not compromised because we had good arrangements in place".
- The registered manager showed us a report which demonstrated they had taken action against the majority of points raised by the FSA.
- People had choice and access to sufficient food and drink throughout the day. Food was well presented and people told us they enjoyed it. One person said, "I enjoy the food here, it's lovely." Another person told us, "They ask us what we would like and if we change our mind they can give us something else."
- Where people required their food to be prepared differently because of medical need or problems swallowing this was catered for.

Adapting service, design, decoration to meet people's needs:

- The design and layout of the building was appropriate for the needs of the people who lived there and the communal areas had a homely feel.
- Adaptations had been made to the home to ensure people were safely able to navigate their way throughout the home.

Supporting people to live healthier lives, access healthcare services and support:

- Records showed people had access to external health professionals and we saw this had included GPs, physiotherapists and community psychiatric nurses.

Ensuring consent to care and treatment in line with law and guidance:

- 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.
- Staff understood the MCA and could explain what it meant.
- People were encouraged to make all decisions for themselves. Where people did not have capacity to make decisions, they were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way.
- The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lack the mental capacity to make decisions were respected.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Ensuring people are well treated and supported:

- A person told us that they liked the staff and said, "They are kind". During our inspection, people were engaged positively with staff. People were smiling, laughing and taking part in activities.
- Staff had a very good knowledge of people they supported and there was a lot of laughter and care shown during interactions. If people became upset or anxious, staff responded effectively with compassion and care.

Supporting people to express their views and be involved in making decisions about their care:

- People were supported to express their views and were involved in regular reviews of their care.
- We saw people who expressed upset were encouraged to sit with staff and reflect on why they felt that way. This feedback was included in care plan reviews to ensure the person was supported to avoid feelings of unease.
- People who required additional support to engage with decisions, were referred to an advocate. Staff were aware of the advocate involvement and encouraged the person to speak to them as needed.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to maintain independence in a dignified and private way.
- One person said, "When they give me personal care and help me to wash they make sure the door is closed and they ask me if it is alright to wash me".
- A relative told us they were pleased with how the staff were patient and understanding. They said, "Mum hasn't been in here very long and the staff have been wonderful. Mum can't say much but I have seen the staff talking to her and they don't rush her".

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Personalised care:

- People's care plans were detailed and contained information about people's needs. For example, information relating to personal preferences, routines and how a person preferred to spend their time. We asked care workers whether they routinely looked in the care plans to familiarise themselves with a person's requirements and support needs. One staff member told us, "Everything I need to know is on the care plan. We look at them every day because it's also where we record the care we have given so everyone knows what's going on".
- The registered manager reviewed each person's care plan monthly and, where possible, with the person receiving support and involved family members where appropriate.
- People were enabled to follow a variety of interests and activities. One person said, "We go out and about sometimes. We play games and we have singers come in".
- All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. The provider had an AIS policy in place. The registered manager commented, "We ensure a monthly calendar is put up in the lounge for all residents to see and all residents in their rooms are informed when entertainment is on" and "Also, a weekly menu is put up in the lounge, and all residents are asked before each meal whether they would like what is on menu or an alternative".

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy. We noted there were no formal complaints since the last inspection. The registered manager told us they had not received any written complaints regarding the service and would address people's concerns immediately as they arose.
- People and a relative we spoke with confirmed they knew how to make complaints should the need arise. A person said, "I have only good things to say about this home." A relative said, "The staff have been extremely accommodating and I can sleep at night knowing mum is safe and looked after properly."

End of life care and support:

- People were supported to make decisions about their preferences for end of life care.
- The staff we spoke with understood, and were able to outline, what good end of life care looked like.

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- Staff told us they felt listened to and the provider was approachable. Staff understood the provider's vision for the service and told us they worked together as a team to deliver high standards.
- The registered manager positively encouraged feedback and acted on it to continuously improve the service. Such as improvements to the menu.
- Staff felt valued and supported by their manager. Comments included, "She is just brilliant. She would do anything to help and she is so caring" and "She is very knowledgeable and we trust her".
- The registered manager and deputy manager were responsive to our inspection and were keen to further develop and improve the home. This was evident as they took immediate actions to address the issues we identified.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The service was well run. The registered manager had effective oversight of what was happening in the service. Staff at all levels understood their roles and responsibilities.
- The quality assurance system included monthly audits including care plans, falls analysis, medicine management and infection control carried out by the registered manager. We found these audits were effective in that, where areas for improvement were identified, action was taken.
- The previous inspection ratings were displayed. This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities.

Engaging and involving people using the service, the public and staff. Continuous learning and improving care. Working in partnership with others:

- The registered manager regularly sought the views of people, their relatives and visiting healthcare professionals and the feedback had been used to continuously improve the service.
- Staff were routinely verbally asked for their feedback and consulted with regarding proposed changes to the service.
- The registered manager had forged good links for the benefit of the service within the local community. The registered manager told us the home regularly held events which were well attended by people, their relatives and the local community such as garden parties and Christmas celebrations.