

Eastfield Residential Home Limited

Eastfield Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Eastfield Residential Home is a care home providing accommodation and personal care for up to 25 people with a mental health condition. At the time of our inspection 23 people lived at the service.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this.

Medicines were not always managed safely, in particular medicines which were prescribed on an 'as and when required basis' (PRN.) Improvements were needed to improve standards of record keeping in relation to PRN medicines. We have made a recommendation about this.

Since the last inspection the provider has sought support and guidance from a consultant to implement a new quality monitoring system within the service. However, this did not identify shortfalls we found during inspection. We have made a recommendation about this.

Staff rotas were not always up to date and needed improving to ensure they clearly identified staffing arrangements. We have made a recommendation about this.

Staff were recruited safely and received an induction to ensure they had the skills and knowledge to undertake their role. Further improvements were required in relation to updating areas of staff training. The registered manager has put a plan in place to ensure all training is refreshed by the end of June 2021.

Since the last inspection, the provider had improved the quality of people's care plans which now included guidance for staff to respond to risk and considered people's medical conditions.

Improvements had been made to ensure high standards of cleanliness of the environment were maintained. Bedrooms had been recently redecorated with new carpets fitted.

People and their relatives said they felt the service was safe and that people were well supported and received good quality care. Safeguarding systems were in place to protect people from abuse.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 September 2020) and there were six breaches of regulation. At this inspection we found whilst some improvements had been made, the provider was in breach of one regulation.

Why we inspected

This was a planned inspection to follow up on action we told the provider to take following the last inspection.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at this visit were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same as at the last inspection, requires improvement. This report only covers our findings in relation to the key questions Safe, Effective and Well-led.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Eastfield Residential 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Eastfield residential 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 Care Quality Commission. 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.

What we did before the inspection

We reviewed information available to us about the service. This included details about incidents the provider must notify us about, such as safeguarding incidents. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager, the administration assistant and four care staff.

We spoke with five people who lived at the service, and five people's relatives. We reviewed a range of records, this included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and induction. A variety of records relating to the management of the service, policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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 as requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

At our last inspection the provider had failed to ensure safe administration 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.

Improvements made at this inspection, meant the provider was no longer in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were managed safely.
- Guidance for staff to administer medicines prescribed 'as and when required' (PRN) were not always in place. Some protocols required further information to be included to aid staff. All staff we spoke with knew how to administer PRN medicines and no issues in relation to PRN administration were found during inspection.

We recommend the provider ensures PRN protocols are in place in line with NICE Guidelines.

- Recording of the application of topical medicines such as creams had improved since our last inspection.
- Staff received training to administer medicines and had their competency checked.
- The provider had a medicines policy in place for staff to follow.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems and processes were in place to prevent and protect people against the risk of abuse and improper treatment. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were protected from the risk of abuse.
- Staff were aware of the signs of abuse and how to report safeguarding concerns.

- People told us they felt safe. One person said, "I feel safe here it's my home and the staff are nice." Another person told us, "I feel safe here, if I have any concerns or am upset about something I can go to the manager or staff and they will help me."
- Relatives told us that they were satisfied their relatives were safe and well cared for. One relative told us, "My family member is very happy there, she is very settled, and it is her home."

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient levels of staffing were in place. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements made at this inspection, meant the provider was no longer in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing levels met people's care needs.
- The registered manager used an assessment tool to calculate staffing levels required to support people at the service.
- The staffing rota did not always clearly identify when agency staff had been used and also how staffing was arranged when people were funded for one to one support.

We recommend that the provider reviews record keeping relating to staffing arrangements within the service.

- Staff told us they felt staffing levels including when agency staff were used, were appropriate for people's care needs. One member of staff told us, "Staffing levels are good, and the team works well. We struggle sometimes when people are on annual leave, but this always gets covered." Another member of staff said, "Staffing levels are ok; we use regular agency workers for consistency when short staffed, so they know us and the people who live here."
- Safe recruitment processes were in place.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks associated with people's care were assessed and monitored.
- Risk assessments and care plans were detailed and provided guidance for staff to respond to, and manage risk effectively.
- Care plans included assessments in relation to people's specific medical conditions.
- Fire safety measures were in place and regular fire practice evacuations took place.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of analysis of incidents.

Preventing and controlling infection

- People were protected from the risk of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

At our last inspection the provider had failed to ensure consent was sought in line with the principles of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Principles of the MCA were not followed.
- Assessments of people's mental capacity were of poor quality and records lacked clear information as to how decisions had been made and by whom.
- Best interest decision making principles were not followed.
- Decisions had been made without the consideration of whether it was in the person's best interests or the least restrictive option. For example. documents relating to how people were supported with their finances did not show the person's wishes as to how they would like to spend their money and what safety measures were in place to support this.

Failure to ensure consent to care in line with the law was a continued breach of Regulation 11 (Need for

consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were suitably trained and supported in their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were supported in their roles.
- Staff said they felt supported by the registered manager and received regular support and supervision.
- Staff had completed online training during their employment and on induction. However, gaps in refresher training continued to be identified. The registered manager advised there was a plan in place to address all shortfalls in training by the end of June 2021.
- New staff completed an induction to ensure they had the skills and knowledge to carry out their role. This included reading policies and procedures, completing training and shadowing other members of staff. One member of staff said, "I shadow more experienced members of staff to make sure I am comfortable with my role before doing it on my own. The staff and manager are supportive and help me learn."
- Agency workers completed a short induction which referred to health and safety procedures within the service.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we found that there was an institutionalised approach to care which was not person-centred. This was breach of Regulation 9(Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Peoples nutrition and hydration needs were effectively met.
- We observed the lunchtime experience and people were given a choice of hot and cold food. One person said, "The food is nice, and the cook will always ask what sort of food you like."
- At the last inspection, we observed an institutional approach was in place regarding meals and drinks being offered only at set times. Improvements had been made and people were observed having drinks in the lounge whilst watching television.
- Separate kitchen facilities were available for people to use when they wished. The kitchen was stocked with tea, coffee, juice and snacks such as crackers and biscuits.

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

- Care plans provided clear guidance for staff to follow and were person-centred to people's diverse needs.
- People's assessments required further detail to ensure they reflected their individual needs and choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare such as GP's and dentists.

- Staff made appropriate and prompt referrals to other agencies when required such as the mental health crisis team and the falls team.
- People told us they were well supported by staff one person said, " I can tell staff if I feel unwell or in pain and they will help me." A relative said, "The manager will ring me if my family members needs any medical assistance or is unwell."

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

- Rooms were newly decorated and personalised.
- People told us they were able to choose their own bedding and colour of their room.

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 as inadequate. At this inspection this key question has now improved 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

At our last inspection the provider had failed to implement systems to monitor and improve the quality of the service, which meant people were at risk of harm and receiving a poor service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement has been made at this inspection and the provider is no longer in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection the provider had sought guidance and support from a consultant to implement a new quality monitoring system. Whilst we noted some areas of improvements within the service, there were some issues which the new quality monitoring system had not identified. For example, issues relating to compliance with the Mental Capacity Act 2005 and record keeping.

We recommend the provider continues in their efforts to embed their quality monitoring system to identify any possible shortfalls in a timely manner.

- Statutory notifications about accidents, incidents and safeguarding concerns were sent to the local authority and CQC as required.

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

- Improvements made in the service promoted a positive, person-centred culture.
- People told us the service was well run and said, "The registered manager does their job and does the best they can, it is very organised."
- The registered manager had an open-door policy and people and staff said they could go to the manager any time if they needed.
- The registered manager was open and honest with people and informed relatives when accidents and

incidents had occurred.

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

- Relatives answered questionnaires about the service via the telephone and were asked if they were happy with the care given and any changes they would like to see.
- Relatives we spoke with said they were happy with the service, communication, staff and management. One relative said "The staff and manager are very approachable and knowledgeable. They always have time to talk to me and will ring me with any concerns."
- Staff meetings were held regularly, and staff felt they were able to voice their opinions.

Working in partnership with others; Continuous learning and improving care

- The service worked with key organisations such as the local district nurses and community psychiatric nurses.
- Further development of working in partnership with key organisations including the local authority and safeguarding teams was required to ensure good outcomes for people.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent People's consent to care was not sought in line with the Mental Capacity Act. Regulation 11 (1) (3)