

Mr. Dennis Jarvis

# Eastview 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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Eastview is a care home registered to provide care to 14 older people, some of whom may be living with dementia. At the time of our visit 13 people were living in the service.

At the last inspection on 30 June 2015 we rated the service 'Good' overall. At this inspection of 17 October 2017 we found that the service needed to make improvements in a number of areas. This included how risks to people were monitored and managed, how people's nutrition was managed and how the quality of the service was monitored by the provider. Improvements were also required to ensure that care records reflected people's needs in sufficient detail and that recruitment procedures were safe.

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.

Risks to people were not consistently monitored and managed effectively. Where risks were identified the measures in place to reduce the risk were not always clear.

Care records did not contain enough information for staff to provide safe and effective care that met people's individual needs. Staff we spoke with were not always aware of, or clear about the care people required and how this should be delivered. New staff had recently started at the service or were due to start after our inspection, and it was unclear how these staff would know how to care for people safely.

Where people had a low weight or were at risk of malnutrition, there were no clear plans stating how staff should support them to ensure they did not continue to lose weight. Staff practice we observed meant that we were not reassured that people were always actively encouraged to eat sufficient amounts.

The service did not practice safe recruitment procedures. This is because they did not always obtain appropriate identification, references and Disclosure and Barring Checks (DBS) before new staff were allowed on the premises.

The provider of the service did not assess and monitor the quality of the service and have systems in place to monitor the performance of the registered manager. This meant that areas for improvement we identified were not independently identified by the provider.

People told us there was enough competent staff to help them when they required it. However, improvements were required to ensure that the number of staff needed was calculated based on people's social needs as well as their physical needs.

Staff told us they felt supported in their role. However, they did not consistently demonstrate a good

knowledge of subjects they had received training in and this had not been identified by the service.

The service was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and complying with the principles of the Mental Capacity Act (MCA) 2005. Improvements were required to ensure that people's capacity to make decisions was assessed and that plans were in place around people's capacity to consent. Improvements were also required to ensure that a formal best interest's process was followed where appropriate.

Improvements were required to the knowledge of staff and the registered manager around MCA and DoLS and how it applied to people in their care.

People told us and we observed that the staff were kind, caring and respectful towards them. People and their relatives were given the opportunity to feed back on the service and their views were acted on. Some improvements were required to ensure that people's views about their care were reflected in care planning and care reviews.

Staff we spoke with knew people on an individual basis. Some care records contained information about people's life history and some limited information about their likes and dislikes. However, improvements were required to ensure that all care plans were fully personalised to include people's preferences.

Improvements were required to ensure that people using the service received the support they required to remain engaged and stimulated.

Medicines were managed, stored and administered safely.

People told us they had appropriate access to support from other health professionals such as GP's, chiropodists and dentists. However, improvements were required to ensure that the service recorded the reason for and the outcome of these visits.

People told us they felt safe and secure living in the service. They were cared for by staff who understood the principles of safeguarding and how to recognise and report abuse.

People told us that the food they were provided with at the service was good quality and there were sufficient amounts of it. They said they felt able to request more food or drinks if they wished.

People told us they knew how to complain and felt they would be listened to if they wished to make a complaint. The service had not received any complaints at the time of our visit.

The registered manager and provider created an open, transparent and honest atmosphere within the service. People, relatives and staff were invited to feed back their views on the service. Staff told us they felt able to raise concerns and share work or personal issues with the registered manager.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Clear plans were not always in place to protect people from harm. Risks were not consistently monitored and managed effectively.

There were not consistently enough staff to meet the social and physical needs of everyone using the service.

Recruitment procedures were not safe.

Medicines were managed, stored and administered safely.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The service was not acting in accordance with the principles of Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff felt supported in their role but did not always demonstrate a good knowledge of subjects they had training in.

People told us the food and drink they received was of good quality.

People were supported to have contact with other health professionals such as GP's. However, improvements were required to record keeping following these visits.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and caring towards people and treated them with dignity and respect.

People were supported to remain as independent as possible.

Some improvements were required to ensure that people's views

about their care were reflected in care planning.

### Is the service responsive?

The service was not consistently responsive.

Care plans were not sufficiently detailed to provide staff with appropriate guidance on how to deliver personalised care.

People were supported to feedback their views and knew how to make complaints.

People who required it did not always received support from staff to remain engaged and stimulated.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

The provider did not have in place a procedure for monitoring the quality of the service or performance of the registered manager.

Shortfalls we identified had not been independently identified by the provider or registered manager.

People, relatives and staff were asked for their views on the service.

There was an open, honest and transparent atmosphere in the service.

**Requires Improvement** ●

# Eastview Residential 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 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.

This comprehensive inspection was carried out by one inspector on 17 October 2017. The inspection was unannounced.

Prior to the inspection we reviewed the contents of notifications received by the service and the Provider Information Return (PIR) provided to us by the registered manager. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with six people using the service, three care staff, the registered manager and the provider.

We reviewed six care records, three staff personnel files and records relating to the management of the service. 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.

# Is the service safe?

## Our findings

At our last inspection on 30 June 2015 we rated the service 'good' in this key question. However, at this inspection we identified shortfalls which compromised people's health, safety and welfare. These constituted a breach of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating in this key question is now 'requires improvement'.

People's care records did not clearly set out their current needs, areas of risk and how these risks could be managed and reduced. There was little information in care records to instruct staff on how to deliver safe and appropriate care.

We identified that two people were identified as having a low weight. However, there was no care planning for these people around their nutrition and supporting them to reach and maintain a healthy weight. These people had not been weighed regularly nor had their risk of malnutrition reassessed regularly. The Malnutrition Universal Screening Tool (MUST) is used to assess and monitor a person's risk of malnutrition. The guidance accompanying this assessment states that people at risk should be weighed and have their risk level reassessed weekly. However, this guidance had not been followed by the service. This meant that they were not able to promptly identify where people's risk increased and they may need support from another health professional.

One of these people had not been weighed since April 2017, when they were found to be underweight. The registered manager told us the person was no longer able to stand on the scales. However, the service had not considered other ways of monitoring the person's nutrition. For example, they had not looked into obtaining a set of scales capable of weighing a seated person. They had also not considered using other accredited methods of monitoring nutrition, such as taking arm measurements. It was not clear what action had been taken to support this person with their nutrition. A referral had not been made to a dietician for specialist advice on how the person could be supported with their nutrition. The registered manager told us they had spoken to the GP about the person's nutrition, however, there were no records of the advice the GP gave. This person also had a condition which meant they could not eat certain foods. However, there was no care planning around this and staff we spoke with were not clear about what this person's condition was and how it affected them. These staff also did not know what foods the person was required to avoid in order to manage their condition. This put them at risk of harm.

There was no care planning around nutrition for another person who was underweight. During our inspection we observed that the person was provided with some food and staff then left the room. The person did not eat the food they had been provided with, and a staff member returned shortly after and removed the food without encouraging the person to eat it. They then gave the person a biscuit and a cup of tea. The person was not told they had been given the biscuit and it was unclear whether they recognised it was there. A staff member later placed the biscuit in the person's hand, which they then ate. It was unclear whether the person required further support and encouragement to eat than they were receiving. Care planning did not reflect that the person required any support to eat or drink which meant we were not assured that staff had the information to guide them on how to meet this person's needs.

Staff did not consistently demonstrate an awareness of risks to people and take steps to reduce these. For example, we observed that one person who was not engaged with their surroundings and was not able to verbally communicate was served a steaming hot drink. Staff told the person to be careful as the drink was hot, but it was not clear whether the person was able to understand what staff said and protect themselves from being burnt. We observed that staff left the area as soon as the drink was served and the person immediately sipped the drink. The person displayed facial expressions that indicated they may have been uncomfortable, such as grimacing and licking their lips repeatedly. We observed that the person was also served a very hot dessert at lunch time and we saw they also tried to eat the dessert immediately without taking any steps to wait for it to cool. This meant that we were not reassured that staff identified that the person could be unable to recognise this risk independently and take steps to assess this risk and put in place actions to reduce the risk on the person's behalf.

The management of the service had not ensured there was adequate care planning and risk assessment in place for one person who was at risk of abuse from a relative. There was no documentation to ensure that staff were aware that the person should not be visited by this relative. Whilst staff we spoke with were aware of this risk, the service had recently recruited new staff and was looking to recruit further staff so we were concerned that they would not have the information to inform them of this risk.

This was a breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not practice safe recruitment procedures. Some staff had started work prior to appropriate employment checks being carried out to ensure they were of suitable character and background for the role. This did not protect people from the risk of abuse.

This was a breach of Regulation 19: Fit and Proper Persons Employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us there were enough staff to meet their needs. One person said, "They do come and help me quickly if needed." Another commented, "Yes I think there are enough." One other person told us, "There seems enough."

Whilst the majority of the people using the service were independent, there were some people whose level of need was increasing due to their dementia. We observed that these people did not always receive the support they needed. For example, support to protect them from the risks of social isolation or encouragement to eat meals. As there were only two members of care staff available, this meant that these people did not benefit from much interaction from staff. Staff told us they did not have much time to sit with people individually and that there were no other sources of activity for people. Whilst they told us they had enough staff to meet people's physical needs, it was clear from our observations that this level was not sufficient to protect people from social isolation.

The management of the service did calculate their staffing level using a dependency tool. However, this only took into account the physical support people required and did not give consideration to the extra support people living with dementia may require.

We recommend that the service ensures that the staffing level is calculated based on the physical, social and stimulation needs of people using the service.

People told us they felt safe living in the service. One person said, "Very safe. Very secure." Another person



told us, "I feel very safe and if I was worried I would tell them [staff]." One other person commented, "I don't have to worry here."

Staff had training in safeguarding people from abuse and demonstrated a good understanding of this when speaking with us. They were aware of how to recognise and report abuse.

People told us they received their medicines when they needed them. One person said, "They are always prompt and on time." Another person told us, "I get my tablets and they [staff] make sure I've taken them."

Medicines were stored, managed and administered safely. There was a robust system in place to monitor medicines administration to ensure potential mistakes were identified.

We audited medicines and compared the number of tablets remaining to the Medicines Administration Records (MAR) and stock balance sheets. We did not identify any anomalies which reassured us that people were receiving their medicines appropriately.

Where people were prescribed 'as and when' (PRN) medicines, we saw that sufficient protocols were in place to advise staff on the administration of these medicines. These included information for staff about why the person may need the medicine and when it could be administered.

## Is the service effective?

### Our findings

At our last inspection on 30 June 2015 we rated the service 'good' in this key question. At this inspection we found that the service needed to make some improvements in this area and the rating is now 'requires improvement' in this key question.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2015. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had not formally assessed people's capacity to consent to care and treatment and make decisions. There were no care plans in place to guide staff on how to support people to make decisions based on their individual abilities. For example, staff identified two people to us who were not always able to verbally communicate their wishes. There was no information about how these people could be supported to make decisions in other ways, such as being shown food choices and encouraged to make a decision non-verbally.

We observed that staff did not consistently encourage these people to have autonomy over their own lives. For example, one person was given some food. We observed a member of staff then took the food away and said to another staff member "They won't eat it anyway." They did not communicate with the person to ask if they wanted to eat more of their meal or ask them if they would like something else to eat. We also observed that staff made decisions about how the person spent their time. For example, staff got the person up from their chair to move them to another area of the service without asking them if this was something they wanted to do.

Whilst staff had training in MCA and DoLS, they did not demonstrate a good knowledge of this when speaking with us. Some staff felt that the meaning of this was making decisions on people's behalfs because they couldn't make decisions themselves. This meant we were not assured people were supported to have maximum control over their lives.

Discussions with the registered manager demonstrated that there was room for improvement in their understanding of the MCA and when it would be appropriate to make DoLS applications. Whilst they had made DoLS applications for some people, they had not made them for others where these would be appropriate.

This was a breach of Regulation 11: Consent to Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they thought the staff were well trained. One person said, "I think they seem to know their stuff." Another person commented, "I don't have any concerns that they don't know what they should."

We reviewed the training matrix for the service and this demonstrated that the majority of the staff were up to date with the service's mandatory training. Staff received training in subjects such as safeguarding, first aid, food hygiene, fire safety, dementia, diabetes, moving and handling, medicines and infection control.

Our observations and discussions with staff demonstrated that some staff did not have an adequate knowledge of subjects they had received training in. For example, staff practices and discussions with staff did not demonstrate they had a good working understanding of the MCA, DoLS and dementia. Observations of one staff member demonstrated they were not following effective infection control practices, such as wearing appropriate protective aprons when assisting people with personal care.

Whilst the registered manager told us that staff competency was assessed, this process was ineffective as shortfalls in staff practice had not been identified and acted on.

We recommend that the registered manager implements a robust system to effectively assess the competency of staff and ensure training is effective.

Staff told us that the registered manager and provider were supportive and that they felt free to raise concerns with them. Records demonstrated that staff had access to appropriate supervision and appraisal which was focused around the development of the staff team. Staff had individual learning plans which were updated annually with any learning and development they would like to carry out within the year. Staff told us they found these useful and that they were given opportunities and support to obtain further qualifications such as NVQ 3 in Health and Social Care. This meant we were assured that the staff team was given ample opportunity to develop their skills where they wished to do this.

People told us they enjoyed their meals and could choose what they wanted to eat. One person said, "Very good food. There is a choice and if you don't like what there is you can have something else." Another person told us, "The cook is really good. The food is mostly spot on." One other person commented, "Can't complain, its good quality."

Our observations demonstrated that people were provided with specialist equipment where necessary to enable them to eat their meals more independently.

People told us they could have input from other health professionals such as GP's when they needed it. One person said, "They get the doctor in sharpish if I need to see one." Another person told us, "Lots of us have been a bit ill recently and they were really good at getting the doctor in promptly." People were provided with support to attend medical appointments where it was needed. For example, we observed the provider accompanying one person to the dentist. Some improvements were required to ensure that prompt referrals were made to specialist health professionals such as dieticians where they may be beneficial.

# Is the service caring?

## Our findings

At our last inspection on 30 June 2015 we rated the service 'good' in this key question. At this inspection we found that the service remains 'good' in this key question.

People told us that they had been involved in the planning of their care and they knew about their care records. One person said, "I have seen them. They [staff] keep me involved." Another person said, "They did ask me lots of questions about what I liked and how I wanted things done." However, some improvements were required to ensure that people's involvement in their care planning and reviews was documented.

People told us staff were kind and caring towards them. One person said "They are very nice people." Another person told us, "They are very kind, respectful, all round nice people." One other person commented, "We have a good laugh. I couldn't ask for more." This was confirmed by our observations.

We observed that staff interacted with people in a kind and caring way. Staff were thoughtful in their interactions with people and engaged with people in an individualised way. For example, speaking with them about their individual hobbies and interests.

It was clear from our observations that care staff, the registered manager and the provider knew people well. They showed genuine interest in people's feelings and day to day life. We saw that people reacted positively to engagement from staff.

We observed that staff upheld people's right to privacy and dignity. For example, staff ensured that discussions about personal care were held discreetly. Staff ensured that personal care was delivered in private to protect their dignity. We observed that staff knocked and asked people's permission before their entered their individual bedrooms. One person told us that staff respected their privacy. They said, "I do like to spend my time alone mostly. They check in on me but leave me to it as they know what I like." This person's wish to spend the majority of their time alone was documented in their care records which reassured us that they were supported to have the privacy they wished for.

People were encouraged by staff to remain as independent as possible. For example, staff supported people to safely mobilise independently by walking alongside them to reduce the risk of them falling. We observed staff encouraging people to eat independently at lunch time but offering support to help them do this, such as cutting up their food to make it more manageable. This reduced the risk of people being over supported and losing the skills they still had. However, some improvements were required to ensure that people's care records reflected the parts of tasks they could complete independently. This would reduce the risk of people being over supported and losing the skills they still had.

## Is the service responsive?

### Our findings

At our last inspection on 30 June 2015 we rated the service 'good' in this key question. At this inspection we found some improvements were required and the rating for this key question is now 'requires improvement'.

Improvements were required to ensure that people's care records were adequately personalised and contained enough information about their individual preferences and interests. Whilst staff demonstrated they knew people well, the service had recently recruited new staff who may not have known this information and therefore been unable to deliver people with individualised care.

Care records did not consistently reflect information the registered manager told us about people. For example, they told us about one person having contact with the mental health service, but there was no information about the outcome of this or what advice was given. This meant that staff would not have this information to guide them on how to deliver care based on people's specific and individual needs.

We were told one person was coming to the end of their life, however, they did not have an end of life care plan in place. An end of life care plan is a document which makes clear what the person's wishes are when they are coming to the end of their life. This document should also set out any specific needs the person may have and how these needs can be met by staff to ensure the person is able to be comfortable, pain free and dignified at the end of their life.

Detailed life histories were not place for everyone using the service where these may have been appropriate. Information about people's past can help staff to better understand them and to tailor their approach to any particular behaviour they may display.

People told us that they had enough sources of meaningful activity to keep them entertained. One person said, "I keep myself busy. They get me in the newspapers." Another person commented, "They'll get me anything I need, wool etc, so I can do my knitting." Some further work was required to ensure that the care records for people using the service reflected their preferences around meaningful engagement. Many people using the service were independent and could leave the service of their own free will to engage in activities in the community. However, we observed that two people who had more complex needs spent most of our inspection alone with very little interaction from staff. Staff were not able to tell us how they engaged these people to protect them from the risks of boredom. The service needs to consider how people living with dementia and people with limited verbal communication can be supported to be engaged and stimulated to protect them from the risk of boredom.

This was a breach of Regulation 9: Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us and we observed that staff knew them well. One person said, "They all know me very well. They talk to me about the things that interest me." Another person told us, "I feel like we have a good relationship. They know me and I know them." Discussions with the registered manager and provider

confirmed that they also knew people's needs and preferences well.

People told us they knew how to make complaints and felt these would be acted upon. One person said, "Yes I could tell [provider] or [manager]. I've really no need though." Another person told us, "I don't have any worries that I wouldn't be listened to. I haven't made a complaint but things would be sorted if I did."

At the time of our inspection the service had not received any complaints. However, there was a complaints policy and procedure displayed in a communal area so that people were provided with information on how to complain if they wished.

## Is the service well-led?

### Our findings

At our last inspection on 30 June 2015 we rated the service 'good' in this key question. At this inspection we have identified areas for improvement which constituted breaches of Regulations 9, 11, 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The rating in this key question is now 'requires improvement.'

The quality assurance systems in place to monitor the quality of the service had been ineffective in identifying shortfalls in the service which placed people at risk of harm. For example, the registered manager did carry out a care plan audit but this had not identified gaps in people's records which meant staff did not have all the information they needed to provide care to people.

Whilst the service had accessed some support from Suffolk County Council with making improvements to care planning, they had not considered other ways of building on their knowledge. For example, they had not considered additional care planning training or considered contacting other independent services which offer support to care homes in the local area. This meant that they had been unable to make necessary improvements in their records.

The system in place to monitor the competency of staff had been ineffective in identifying the shortfalls in staff knowledge of subjects they had received training in. This meant that the service had not taken action to ensure staff had the appropriate knowledge for the role and that they delivered care in line with best practice.

There was no formal system in place to analyse incidents and accidents records for trends. This meant that the service may not be able to identify trends in incidents such as falls which could help them to identify ways to better support the person to reduce the risk of further falls.

Whilst we were told the provider visited daily, they did not undertake any checks on the quality of the service themselves. This meant they were unable to identify shortfalls and areas for improvement and would be unable to identify if the registered manager was not performing in their role. It is the expectation of the Commission that providers will have some system in place to monitor the quality of the service being provided and the quality of the management and leadership.

This was a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People made positive comments about the registered manager and provider. One person said, "[Registered manager] is a lovely person. [Provider] is here every day and we all get along like a house on fire." Another person told us, "I get on really well with [registered manager and provider]. They always bring a smile and nothing is too much trouble.

The registered manager and provider promoted an open, inclusive and transparent culture within the

service. We observed that they were visible in the service and provided practical support and care to people where needed to support the staff team. It was clear from our observations and discussions with the registered manager and provider that they knew people using the service well and had spent time getting to know them as individuals. Staff told us that the registered manager and provider were 'hands on' and were always available to help them if they needed it. Staff told us that they felt supported to do their job by the registered manager and provider.

The registered manager and provider actively sought the feedback of people using the service, relatives and staff. The registered manager showed us the results of a survey of staff views completed in 2017. The results of this were positive. Staff had made suggestions, such as having gravy boats on the tables at lunch time and a black board displaying the lunch choices. During our visit we saw that the service had actioned these suggestions. We reviewed the results of a survey of people's views and saw that all of these responses were positive. The registered manager told us they had trialled holding meetings for people to attend where they could make suggestions and give feedback. However, they said these had been ineffective as people chose not to attend. They were currently in the process of creating newsletters to keep people up to date on changes in the service and they showed us that feedback forms would be attached to these newsletters to give people an ongoing opportunity to share their views. This meant we were assured that the service took steps to ensure people had opportunities to express their views and feel listened to.

The registered manager maintained links with the community and sought support from other agencies such as Suffolk County Council to keep up to date with best practice. For example, they told us they were going to be visiting another care home to look at how their service was being delivered and this was being facilitated by staff at Suffolk County Council. They also showed us evidence of their attendance at other information sharing meetings such as Infection Control and the dignity forum. This demonstrated to us that the registered manager was committed to ongoing development.