

Knightingale Care Limited

Eastwood House Care Home

Inspection report

Eastwood House
Doncaster Road
Rotherham
South Yorkshire
S65 2BL

Tel: 01709363093

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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

About the service

Eastwood House is a care home providing accommodation for up to 37 people who require personal care. At the time of our inspection there were 35 people using the service. Eastwood House care home is a large converted house located close to the centre of Rotherham. The care provided is for people who have needs associated with those of older age and people living with dementia.

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

We completed a tour of the home with the registered manager and found the home was clean. However, we noted some toilets and the hair salon needed attention. The registered manager had previously been identified this and plans were in place to ensure this work was carried out.

Risks associated with people's care had been identified and risk assessments detailed the support people needed to remain safe. People were safeguarded from the risk of abuse and staff knew how to recognise and report concerns. Accident and incidents were monitored to ensure lessons were learned. There were sufficient staff available to meet people's needs and to support them in line with their preferences. People's medicines were securely stored, and people received them as prescribed.

The service was designed in a way which met people's needs. People's needs were assessed, and people were supported in line with them. Care plans gave information about people's dietary needs and what assistance they required. People had access to outside space and a well-maintained garden area. People had access to healthcare services.

We observed staff interacting with people who used the service and found they were supportive, caring and knew people well. Staff we spoke with explained how they would ensure people's privacy and dignity were maintained and how they promoted people's independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans were person centred and people were involved in their care. People had access to a range of activities which gave social stimulation. Complaints were addressed appropriately. People felt able to raise complaints and felt appropriate action would be taken if they had cause to complain about anything.

The provider had a system in place to monitor the service. Several audits took place and the management team addressed any issues arising. People who used the service and their relatives had opportunities to feedback their experience. Staff felt listened to, supported and involved in the service.

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

Rating at last inspection

The last rating for this service was good (published 5 May 2015). There was also an inspection on 22 August 2017 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eastwood House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Eastwood House 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, senior care workers and care workers. We spent time observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risks associated with abuse. Staff received training in safeguarding and knew what actions to take if they suspected abuse.
- People and their relatives felt the home was a safe place to live. One person said, "Staff are nice, and I feel safe here. I have never had a reason not to feel safe here." One relative said, "My mum is definitely safe here."
- We saw appropriate actions had been taken to keep people safe from harm. The registered manager kept a record of safeguarding alerts. There were no outstanding safeguarding concerns at the time of our inspection.

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified risks associated with people's care and support. For example, one person had a sensor mat in place to alert staff when they mobilised, due to them being at risk of falling.
- The service had processes in place to ensure the building and premises were safely maintained.
- A fire risk assessment was in place for the building and people had individual plans to ensure they could evacuate the premises safely in an emergency.

Staffing and recruitment

- Staff we spoke with told us there were always enough staff available to meet people's needs.
- Staffing was provided based on people's dependency needs. Environmental factors were also considered such as the layout of the building.
- The provider had a system in place which ensured staff were recruited safely to the home. We looked at two staff files and found robust pre-employment checks had been completed.

Using medicines safely

- There were systems in place to ensure people received their medicines as prescribed.
- Staff were competent in the safe administration of medicines and kept a record of medicines given on a medication administration record [MAR].

Preventing and controlling infection

- We completed a tour of the home with the registered manager and found it clean, however some areas required attention.
- We saw some stains on toilet floors and the tiles in the downstairs toilet required attention. In the hairdressing room the sink was prone to leaking when in use and the cupboards were worn and in need of

replacing. The registered manager confirmed these issues had been brought to their attention and were in the process of being resolved.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and the registered manager monitored trends and patterns.

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 good. At this inspection this key question has remained the same. This meant 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

- Prior to moving in to the home a pre-admission assessment completed to ensure the service could meet people's needs. The assessment was carried out under consultation with the individual and their family.
- There was usually an introductory visit, to introduce staff and other people living at the home, showing the person their bedroom and ensuring they were comfortable with the service offered to them.

Staff support: induction, training, skills and experience

- The registered manager kept a record of training completed by staff to ensure staff had the knowledge to carry out their role.
- Staff told us they received training and supervision sessions with their line manager. One staff member said, "We have one to one supervision sessions. I can always go to senior who will give me the advice I need. The manager and deputy are both approachable."

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

- People were supported to eat and drink enough to ensure they had a healthy and balanced diet.
- Hydration stations were situated throughout the home, so people could help themselves to drinks. The registered manager saw the importance of encouraging people to drink regularly, they said, "We never miss an opportunity to hydrate someone, it's so important."
- Picture menus reflected the choices on offer that day and were displayed in a format people could understand. We saw information displayed about and other information to encourage people to choose a healthy diet.
- People were offered regular snacks in between meals such as sandwiches, sausage rolls and cake.

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 professionals and staff supported people in line with recommendations and advice given.
- We saw healthcare professionals such as dentist, dieticians, chiropody, and speech and language therapists [SALT's] had been involved in people's care.

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

- The home was designed and decorated to meet people's needs.
- People had access to outside space and a garden area which was well maintained. People had a

conservatory which was frequently used for activities. A lounge was available downstairs for watching television. There were also small lounge areas which people who preferred a quieter environment used.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the guidelines of the MCA.
- Staff were provided with training and understood the importance of obtaining consent from people before care was delivered and supporting people to make their own decisions.
- Where people lacked capacity, decisions had been made in their best interest.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We spent time observing staff interacting with people and found they were kind and friendly in their approach.
- One person was upset, and staff reassured them by saying, "We will take good care of you." This reassured the person.
- People and their relatives were complimentary about the care and support they received. One person said, "I have a good friend in [staff member's name], she really is the light of my life, she really is." A relative said, "The staff are always so very nice and caring towards [relative's name]."

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

- People were supported to make their own decisions and staff respected people's opinions.
- Staff promoted people's independence. For example, where people were not ready to transfer from wheelchair to arm chair, staff respected this, left the person comfortable and went back to them later. This demonstrated staff did not rush people to do things they were not comfortable to do, and care was delivered when most appropriate for people.

Respecting and promoting people's privacy, dignity and independence

- The provider ensured people living at the home were treated with fairness, equality, dignity and autonomy. This was actively supported via the service's charter of rights, mission statement and policies and procedures, which underpinned these values.
- We saw staff respecting people's privacy by knocking on doors and speaking quietly to people to maintain their confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which met their needs and took in to consideration their preferences.
- People were involved in planning their care and knew they had care planning documentation in place.
- We looked at care records and found they were reflective of the care people required and provided detailed information. For example, one person has a sleep care plan in place to aid a better night's sleep. This considered their preferences such as lighting, sleep wear, bedding and the temperature of the room.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The staff team gathered information about people's communication needs and took steps to ensure people received information in a way they could understand.
- Signage throughout the home was clear and dementia friendly, we saw people using the signs to find their way around the home. We also saw displays of photos from recent activities that had taken place. For example, Christmas celebrations at the home.
- The home had a mobile phone which was used for relatives to keep in touch with their loved ones. Relatives also had the opportunity of receiving an email on a weekly or monthly basis. This was to give them an update about the home and activities which had taken place. This was particularly useful for families who lived away from the service.
- Memory boxes were available outside people's bedrooms and contained objects and photos that represented their interests and personalities. These assisted people in finding their rooms and were also used as a talking point to engage with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and had access to social activities and stimulation. For example, one person was supported to maintain a relationship with a pen friend.
- The service employed an activity co-ordinator who organised and planned several interesting activities.
- The service had a memory tree in place which highlighted things people were interested in. For example, one person liked to go out for a drive with their relative, others liked knitting and crafts.
- People enjoyed taking part in social activities. One person said, "Nothing is too much trouble, activities are

really good, there is always, something to do and I enjoy the quizzes in particular."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was available to people and their families.
- People we spoke with felt they could raise concerns and action would be taken to resolve them swiftly. One relative said, "If I had any concerns the manager would sort them out and I have confidence in that."
- We saw clear records were in place detailing the actions taken by the registered manager following any complaint. There was evidence of an open culture and learning from complaints.

End of life care and support

- The home supported people at the end of life and staff ensured people's preferences had been recorded. For example, one person had a care plan in place to support their advanced wishes for their death.
- The registered manager and staff team worked with other professionals such as the hospice team and District nursing team to ensure people received the care they chose and needed.
- Staff received training in end of life care and were aware of the core principles and values. For example, information about culture, faith and beliefs were captured in people's care plans and the service had built relationships with faith groups in the area.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service continued to provide person-centred care and an inclusive environment where staff were keen to meet people's needs in a person-centred way.
- The provider had a monthly audit which asked people they felt safe and secure, and if they had a sense of continuity, a sense of belonging, a sense of purpose, a sense of fulfilment and a sense of significance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team consisted of a registered manager, deputy manager and a team of senior care workers. The team led the care staff in a productive way, learning from events and ensuring the service used suggestions and concerns to improve the service.
- The registered manager understood their responsibilities and acted in line with their legal requirements.

The registered manager had systems in place to ensure people, their relatives and staff, could feedback their view about the home.

- Residents' meetings took place to give people the opportunity to have a voice in developing and improving the service.
- Professionals and relatives were asked to complete an annual quality survey. We saw the summary of responses for quality assurance questionnaire dated October 2019. This reflected positive results from people, their family members and visiting professionals.

Continuous learning and improving care

- The provider had a system in place to measure and improve the service.
- The management team carried out audits in areas such as medication, infection control and health and safety, to ensure any issues were identified. Action plans were then drawn up to address any shortfalls.

Working in partnership with others

- The provider worked in partnership with other professionals, learned from them and took their advice on board.
- When people required the support of other professionals and specialist support this was sought in a timely way.

- Staff we spoke with told us how they worked with other professionals to ensure people received appropriate support in line with what the professionals had advised.