

# Tamaris Healthcare (England) Limited

# Eastbourne Care Home

## Inspection report

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16 August 2016

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 February 2015. After that inspection we received concerns in relation to staffing levels at the service. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastbourne Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)" This focused inspection took place on 16 August 2016 and was unannounced. This meant the staff and provider did not know we would be visiting.

Eastbourne Care Home provides care and accommodation for up to 42 people. It provides 24 nursing places on the first floor and 2 nursing places on the ground floor. It has a separate unit on the ground floor with 15 intermediate care places that are funded by the Clinical Commissioning Group. These places are for people who require a short rehabilitation service to recover following an illness or injury. On the day of our inspection there were 35 people using the service.

At the time of our inspection the home had a temporary manager in place managing the service. The service was going through a process of change. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We carried out this focussed inspection in direct response to concerns raised with us about staffing levels at the service.

During our inspection we found that there was enough staff to meet people's needs and that recent action had been put in place by the manager to improve the staffing levels.

We looked at falls monitoring and recording information and found this to be appropriate.

## 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 safe

Falls were recorded, monitored effectively.

**Inspected but not rated**

# Eastbourne Care 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. We undertook this focused inspection to check that the registered provider had followed their action plan and had made improvements at the service.

This focused inspection took place on 16 August 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. Two adult Social Care inspectors took part in this inspection.

During our inspection we spoke with the temporary manager, deputy manager, four people who used the service, two relatives, two care staff, activities co-ordinator and domestic staff.

As part of our inspection we looked at records including; personal care plans records of three people who used the service, staff rotas, staffing policies, falls monitoring information and staff communication records.

# Is the service safe?

## Our findings

When we asked people who used the service if they felt safe they told us; "Yes I do feel safe here the staff are kind to me." Another told us; "I feel safe. It took a while to get used to but yes I do feel safe." Another told us; "I am safe here I was having too many falls when I was at home."

During our inspection we could see that the service was busy, staff were visible and we observed call bells being responded to promptly. When we asked people who used the service about the number of staff available they told us; "We could always do with a few more and there has been staffing issues." Another told us; "It all depends how busy the staff are, how quickly they come if I press my buzzer. I know they have been a bit short staffed."

We spoke with staff within the service about staffing levels and we received mixed feedback; one staff member told us; "The staffing levels have been difficult. Staff have called in sick and we pick up their shifts it's a vicious circle we need more bank staff. We do make sure that people are seen to and we do provide the care." Another staff member from the rehabilitation team told us; "I love it here, the home has been short on care staff but not every day."

When we asked the manager how they ensured enough staff were available to meet people's needs they explained how they assess people's needs in relation to staff numbers by using a dependency tool and that currently the service was covered by six members of care staff.

When we looked at the rotas for August we could see that six staff were deployed, however we could see in the July 2016 rota that there had been times when only four or five staff were deployed. We could see that there was an issue with staff sickness during a busy holiday period. When we asked the manager how they were managing this they told us; "When I joined as the temporary manager there was quite a lot of annual leave already planned. Then came a lot of staff sickness and this has impacted in the staffing." "We have implemented a new policy to manage staff sickness and are working with our HR department with this currently. Carrying out return work interviews and improving the reporting system to make sure if staff called in sick on a week end that the staff on shift alert the on call manager as this wasn't always happening."

The manager also told us that they had recently employed new care staff and an activities coordinator. When looked at the most recent team meeting minutes and we could see that the manager had addressed staff sickness issues and the correct procedures for staff to follow at the meeting and also recruitment plans. This showed us that the manager was aware of the staffing issues and was taking appropriate action in addressing them.

We looked at monitoring information for falls within the service and found that these were recorded in detail. These records were monitored by the manager and area manager and any actions were detailed. We also saw evidence that actions had been put in place to avoid further falls these actions included; further assessments and involvement from other health professionals for treatment or advice. Regular observations and prevention equipment was also put in place where needed, for example, sensor mats that detect

peoples movement and alert care staff. This meant that the service was aware of people who were at risk of falls and managing their safety.