

Eastleigh Care Homes - Raleigh Mead Limited

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Inspection report

Raleigh Mead
South Molton
Devon
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eastleigh Raleigh Mead is a residential care home providing personal and nursing care to 61 people aged 65 and over at the time of the inspection. The service can support up to 61 people. Most people living at the service are living with dementia and have nursing needs.

The service is purpose built with communal areas and bedrooms on three floors, all accessed by a lift and stairs.

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

Most people were unable to give an informed view about their experiences of living at Eastleigh Raleigh Mead. Those who could were positive about their experiences in the main. Comments included "I've never been so well looked after, I want for nothing". Also, "Safer than I would be at home, I call it the 'little fortress'". One relative commented "I've no complaints at all. I'm extremely happy with the way they treat me and my family."

Our observations showed us people were being treated with kindness, respect and dignity. Staff were attentive and understood people's individual needs.

At the last inspection we found medicines were not always managed safely. We issued a requirement in relation to this as people were at risk. We asked for and received an action plan which showed what the provider was doing and implemented to ensure this requirement was met. At this inspection we found medicines management had improved since our previous inspection. People received their medicines safely and in the way prescribed for them.

At the last inspection we found specialist mattresses were not always at the correct setting for the person using this equipment. Following feedback the provider implemented daily checks of the mattresses. During this inspection we found this was working well and mattresses were being checked daily.

At the last inspection we found quality audits had not identified issues of concern and in particular those relating to medicines. We issued a requirement in relation to this as people were at risk. We asked for and received an action plan. This showed what the provider was doing and had implemented to ensure this requirement was met. At this inspection we found audits had been updated and there was clearer overall oversight of the service.

At the last inspection we found staff morale was low and there were mixed reviews about the management approach within the home. Since this inspection a new manager had been appointed. They were not yet registered with CQC. Staff were positive about the new manager and described the staff morale as being good, and the new manager being inclusive. Despite the pandemic and staff having to work in exceptional circumstances most described the working environment as supportive and having a good team spirit. One staff member said "We are very well supported here. They take the time to listen. I had a really bad year and

the management team were invaluable in supporting me."

There were sufficient staff with the right skills and support to provide safe and effective care to people. Staff recruitment was robust and ensured only staff who were suitable to work with people who may be vulnerable were employed.

Quality audits, systems and record keeping were being reviewed and updated to ensure a consistent approach, which could be easily monitored, was being implemented. This included the introduction of a new electronic system which would allow for remote auditing of key areas such as people's nutrition and hydration.

We were assured that the infection control measures, PPE and guidance on working in a pandemic were being followed to keep people safe. The provider had invested in some key improvements which included a temperature sensor at the main entrance to check all visitors temperatures. There was also a self contained visiting hub near the main entrance. This allowed visitors to meet with their families in a secure and risk reduced setting. There was a floor to ceiling screen and a sound system to allow for better communication through the screen. There is a staff member designated for these visits. They take responsibility for getting people ready for the visits, supporting them if needed during the visit and the cleaning in between visits.

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 February 2020)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a focussed inspection based on the previous rating.

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 coronavirus and other infection outbreaks effectively.

This inspection looked at the key areas of safe and well led as this is where previous breaches had been identified.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastleigh Raleigh Mead on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors who visited the service on one day and a member of the medicines team who reviewed records remotely following the inspection visit. An Expert by Experience also assisted with video calls to people who live at the service and phone calls to some relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Eastleigh Raleigh Mead 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.

Notice of inspection

This inspection was unannounced.

What we did before the 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 nine staff including the manager, NI (The nominated individual is responsible for supervising the management of the service on behalf of the provider.), lead nurse, care staff and housekeeping staff. We reviewed some electronic information including care files, two recruitment files and 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.

After the inspection –

We asked for some policies and records to be sent to us following the inspection. This included audits on falls, medicines, staff training, infection control policies and policies relating to Covid and outbreaks. The Expert by Experience spoke with five people who lived at the service via video link and five relatives via phone calls. We also had feedback from two healthcare professionals.

The medicines part of this inspection was conducted remotely and via telephone discussion with management. We checked eight people's medicines records, and reviewed systems for incident reporting, auditing, staff competencies and training. Medicines storage and expiry dates were checked on-site.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last comprehensive inspection completed in November 2019, we found improvements were needed to the way medicines were being managed. We issued a requirement and asked the provider to send us an action plan to show how they intended to meet this requirement. At this inspection we found there had been improvements to the way people's medicines were managed since our previous inspection and the breach was now met.

- People's medicine administration record (MAR) charts were completed electronically when doses of medicines were given. These showed that people received their medicines as prescribed for them.
- People's medicines were available and in-date.
- If people needed their medicines given covertly, then we saw that mental capacity assessments, best interest decisions and advice on how to give each medicine were taken.
- When medicines were prescribed to be given 'when required' we saw that protocols had been written to guide staff when it would be appropriate to give doses of these medicines.
- There had been improvements to the systems in place for the application of creams and other external preparations. Directions were available to guide staff how to apply these products when needed. When medicines patches were applied to the skin, there were systems for recording the site of application so this could be rotated in accordance with directions. For one person we found a few occasions where the patch had been applied at the correct time, but the site had not been recorded. However, this had been identified and actions taken to reduce the likelihood of this happening again.
- Staff who gave medicines received training and their competency was checked to make sure they gave medicines safely.
- Medicines audits were undertaken, and if any incidents were identified then appropriate actions were taken.

Assessing risk, safety monitoring and management: lessons learnt when things go wrong

At the last inspection we found specialist mattress settings were not always at the correct setting to help with the prevention of pressure damage. Following feedback, we were informed that daily checks had been implemented

- At this inspection we found the daily checks of mattress settings had been embedded and were happening and recorded.
- Care plans had risk assessments for people relating to their health, risk of falls and risk of pressure damage.
- Auditing and monitoring of risks such as falls was an ongoing dynamic process with actions and learning where issues had been identified.

- Safety checks were completed daily, weekly and monthly throughout the building and with all equipment.

Systems and processes to safeguard people from the risk of abuse

- Staff understood what and how they should report any concerns. They were confident any issues raised would be appropriately followed up by the senior team.
- There was an expectation staff would complete training and annual updates on understanding the safeguarding processes. This training could be provided in different languages if English was not the staffs first language.
- There were clear accessible policies and protocols for staff to refer to.
- During discussions with one person, they raised an issue which could have been a potential safeguarding issue. We spoke with the manager and actions were taken to talk further with the person to gain a better view of what they were articulating.

Staffing and recruitment

- There were sufficient numbers of staff to meet the needs of people living at the service.
- People did not directly comment on staffing levels but comments showed people felt they were being well cared for. For example, one said, "I've never been so well looked after, I want for nothing." One relative said "I've no complaints at all. I'm extremely happy with the way they treat me and my family."
- Staff confirmed there were enough staff to meet people's needs unless on occasion some staff were off sick at short notice. One staff member said "When we are a bit short, we just work as a team and make sure everyone gets what they need. Its hard work but care is never compromised."
- Recruitment processes ensured people were protected from the risk of unsuitable staff being employed.

Preventing and controlling 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.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last comprehensive inspection we found quality audits had failed to identify risks we found, such as medicine management and the risk of specialist mattress settings being wrong. We issued a requirement and asked the provider to send us an action plan to show how they intended to meet this requirement. At this inspection we found there had been improvements to the way quality monitoring was being managed since our previous inspection and the breach was now met.

- There were clear systems for auditing records, the environment and equipment. These were being monitored regularly.
- A new assistant manager role was being developed to help the manager and provider ensure quality of care and support was being reviewed, and any changes needed implemented in a consistent way.
- The provider had invested in a new system which would allow for better analysis of risks and records which could be done remotely.

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

- Since the last inspection where some staff felt the culture was not inclusive, there has been a change in management. A new manager was in post who was in the process of registering with CQC.
- Staff were positive about the new managers inclusive approach. Staff reported that morale and team spirit had improved since the last inspection.
- During lock down extra effort had been made to ensure families were kept up to date using phone and video calls and newsletters.

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 provider and manager understood their responsibilities in terms of duty of candour.
- Accidents and incidents were being carefully monitored and families confirmed they were kept informed of such incidents.
- The service were ensuring the local safeguarding hub were kept up to date with incidents which may constitute abuse.

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

- Giving choice and allowing people time to engage was embedded into everyday practice. Our observations showed staff working in a way which was engaging, ensuring choice was provided for people in their everyday lives.
- Care plans detailed people's individual needs and where there were particular characteristics which needed careful consideration, staff were guided in a sensitive and person-centred way.

Continuous learning and improving care; Working in partnership with others

- Despite the pandemic, learning and supporting staff to have the right skills had been the providers key focus. They had invested in new training programmes to help staff understand the needs of people with complex dementia care.
- Staff confirmed their learning and development was good and they were being encouraged to develop their skills each month.
- The provider was an active participant in the Devon wide webinars that had been set up. They had shared their learning from having the vaccination team into their home.