

County Healthcare Limited

# Eastlands Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Eastlands Care Home is a residential care home providing accommodation and personal care to eight people aged 65 and over, some of whom were living with dementia, at the time of the inspection. The service can support up to 35 people.

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

Whilst we found overall improvements had been made, we identified issues at this inspection that had not been identified within the provider's own governance systems. Whilst the issues identified did not significantly impact on the safety of people's care it meant we could not be confident that the governance systems in place were robust enough to capture areas of concern. We found further work was required to strengthen systems supporting the delivery of person-centred care within the service, relating to activities and care planning.

Despite these findings it was clear the service had made progress and improvements were evident. Everyone we spoke with told us there had been a marked improvement in the care provided. Communication with people, relatives, and staff had greatly improved.

People were supported to stay safe. Risks were assessed and actions taken to address these. A programme of refurbishment was taking place and improvements in relation to the management of the premises and equipment had been made. Everyone we spoke with noted improvements in staffing, people were now being supported with enough consistent staff. People received their medicines safely and actions had been taken to reduce the risk of infection.

People received care that met their individual needs. Whilst there was lack of formal involvement in care planning, people and their relatives told us they felt informed and consulted on the delivery of the care provided. Staff knew people well including their life histories and this helped them provide care that was in line with people's needs and preferences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was inadequate (published 10 April 2021). This service has been in Special Measures since April 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

Prior to the inspection we carried out a monitoring review of the service. A monitoring review considers a

range of information such as the current rating, any ongoing or planned regulatory activities, information about safeguarding, whistleblowing, incident reports (we call these statutory notifications) and whether the service has a registered manager, feedback from people who use services and their family and friends, and other contextual information. This prompted us to carry out this 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.

#### Enforcement

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality. We will work alongside the provider and local authority to monitor progress. We will 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below

# Eastlands 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.

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 was carried out by one inspector.

#### Service and service type

Eastlands Care 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

Prior to the inspection we carried out a monitoring activity of the service. This included reviewing information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We spoke with two people using the service and five relatives. We also spoke with two care assistants, one senior care assistant and the cook, as well as the registered manager. We reviewed a number of records relating to the running of the service. We used the

information the provider sent us in their 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.

The information we gathered as part of our monitoring activity was used as evidence during this inspection.

#### During the inspection

We spoke with a senior care assistant, a care assistant, the deputy manager, the registered manager, and the regional support manager. We carried out observations of the care provided and of the environment. We reviewed care records relating to the care provided to three people using the service. We reviewed medicine administration records relating to four people's care. We also reviewed a range of other records relating to the management of the service, safety of the environment, and staff recruitment.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to incidents in the service and cleaning 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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection people had not been protected from abuse and the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Safeguarding incidents that had occurred since the last inspection had been identified and reported to relevant parties as required.
- Systems to provide oversight of safeguarding incidents in the home had improved. The registered manager confirmed no recent safeguarding incidents had taken place, and their records supported this.
- Information was displayed prominently on safeguarding and how people and staff could raise concerns.
- Staff had received up to date training in safeguarding. Staff demonstrated knowledge of what and how to report abuse.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to effectively assess and monitor risks to people living in the home which placed them at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We identified denture cleaning tablets left out in two people's rooms. These can cause harm if significant amounts are ingested, and posed a particular risk for those people living with dementia. The deputy manager told us there were not aware of the potential harm this would cause and provided assurances these would now be secured
- Risks to people's safety had been assessed and mitigating actions taken. For one person at risk of skin breakdown we saw staff regularly applied creams and repositioned the person to help prevent their skin from deteriorating.
- There was good oversight of people's weights. We reviewed these records and saw that none of the people using the service were experiencing significant increasing weight loss. Where concerns regarding people's weight and malnutrition had been identified, appropriate actions such as monitoring people's food intake,

regularly weighing the person, and referring to a dietician had been taken.

- COVID-19 wellbeing assessments had been implemented for people living in the service. Whilst these appeared generic in nature, we saw for one person, who had needed to isolate, a more comprehensive detailed assessment and plan regarding this and the impact on their wellbeing had been put in place.

At our last inspection the provider had failed to ensure the premises and equipment used by the service was properly maintained and suitable for the purpose for which they are being used. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- A programme of refurbishment was taking place and regular water and fire safety checks were carried out.
- The safety of the environment had improved. Regular maintenance and servicing of equipment and the premises had taken place.

### Staffing and recruitment

At the last inspection not enough suitably qualified, competent and experienced staff had been deployed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Everyone told us there had been significant improvements in staffing. One person said, "Plenty of staff [and] come when called." A relative told us they felt there was now, "A proper consistent staff team who understand what's needed and deliver it."
- We reviewed call bell records which showed call bells were answered promptly with little to no waiting times.
- The use of agency staff had decreased. Where agency staff were being used the same staff were booked to help provide consistency. There was a system of induction for agency staff.
- The management team had reflected and learnt from previous issues with staffing levels in the service. They told us they were carefully monitoring the needs of people in the service and any prospective people coming to live at Eastland's against their current staffing levels and skills. Records showed this was reviewed on a regular basis.

### Using medicines safely

At the last inspection medicines were not managed properly and safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines administration records were completed accurately. For one person requiring topical creams twice a day staff were recording when this was administered or declined only once a day. We discussed this with the management team who advised they would address this with staff going forward. All other topical cream charts reviewed were completed accurately without any issues.



- Medicines including topical creams were stored securely.
- Information on people's medicines including "as required medicines" was available for staff to follow.
- Staff responsible for administering medicines had received up-to-date training and had their competency to do so had been assessed.

### Preventing and controlling infection

At the last inspection the provider had failed to ensure people were protected from the risk of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- 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.

### Learning lessons when things go wrong

- An incident reporting system was in place and the registered manager had oversight of the incidents that had occurred in the service. This included assessing for any patterns, themes or trends. This was an improvement from the last inspection.

# 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 requires improvement. At this inspection this key question has now improved to good. 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; End of life care and support

At the last inspection covering responsive we recommended the provider sought advice and guidance from a reputable source on person-centred care planning.

At this inspection enough improvement had been made.

- People and relatives we spoke with provided us with personal details that demonstrated a caring, person-centred and responsive approach. One person told us, "[Staff] will do anything for you". A relative said, "It's really personal touches and that's been there since [registered manager] has been there and you can really see that."
- People's care plans contained person-centred information which included their life histories. Staff demonstrated they knew the people they supported well, and this helped them provide person centred care. A relative told us, "[Staff] seem more interested in who [name] is and [their] background." They went on to give examples of how this had helped improve their relative's quality of life.
- Formal systems by way of resident and family meetings helped give people and relatives input into their care and support. Relatives told us they felt involved in discussing and supporting the care being provided.
- There was a lack of evidence of formal involvement of people and their relatives in care planning. The registered manager told us they were in the process of putting this in place. However, relatives did give us examples of where changes had occurred to people's care this had been discussed with them and input sought.
- No one in the service was receiving end of life care. People has been supported to discuss their end of life wishes and care needs. This was documented within people's care plans.

### 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.

- People's communication needs were assessed, and information was provided to people in a format they could understand.

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 that were important to them. Visiting arrangements, taking account of COVID-19, were in place. Relatives told us they were able to visit and spend time with people in the service.
- An activities co-ordinator was in post, during our visit we observed them engaging people in activities throughout the day. Some events had been planned; a recent summer fete had been held as well as some themed events.
- The management team told us they recognised there was still some room for improvement with activities and that they would keep this under review going forward.

Improving care quality in response to complaints or concerns

- There had been no complaints received by the service in 2021. The registered manager shared with us several positive comments they had received.
- There was information on how to raise concerns or complaints provided around the service and in people's bedrooms.

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

At the last inspection the provider had failed to make enough improvement to achieve compliance with the regulations and implement robust governance systems. This was a breach of Regulation 17 of the Health and Social Care Act 2008.

At this inspection, whilst we found improvements had been made in some areas, the provider remained in breach of Regulation 17.

- During our inspection we identified issues that had not been identified within the provider's own governance systems. Whilst the issues identified did not significantly impact on the safety of people's care it did mean we could not be confident that the governance systems in place were robust enough to capture areas of concern. For example, there was no system to ensure all staff had attended practical fire drills and water temperatures that did not meet those specified as safe by the provider's own paperwork had not been identified.
- One person's care records were not up-to-date and contained inaccurate information. This was a concern given the use of agency staff in the service and the small number of people currently using the service. This had been an issue at the previous inspection and meant we did not have confidence records would be accurately maintained as the service grew in numbers.
- Further improvements to seek and act on feedback from people using the service were still required. For example, specific activities relating to being able to leave the service and access the community had been requested by people using the service several months prior to this inspection. There had been a number of factors that had meant this was difficult to achieve, however there had been a lack of dedicated effort by the management team to help support this to take place. It remained a concern that whilst feedback to improve activities had been gathered from people using the service this had not been acted on promptly.
- Systems to engage and evaluate the service provided had still not been established. Plans had been discussed to carry out reviews of people's care with their relatives several months prior to this inspection, however this had still not taken place. This meant we could not be confident that systems were in place and supportive of person-centered care.
- Relatives and people, we spoke with told us they had not seen the care plans in place. Some relatives

expressed concern regarding the delay in putting in place these reviews. One told us, "I think more is promised in terms of what's delivered, supposed to do care plan reviews, this was two months ago not heard anymore."

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Whilst some improvements were still required it was clear that the service had moved forward and improved since their last inspection. Everyone was positive that they had seen improvements in the service provided. A relative told us, "I would say there has been a marked difference". They went on to say, "Overall I feel much more satisfied that [name] is getting the care they need." A staff member told us, "Definitely does feel better, its improved so much".
- A new management team was in place. It was clear learning and reflection had taken place since the service's last inspection. A service improvement plan was in place alongside regular audits which had helped drive improvements since the last inspection.
- Feedback from people, relatives, and staff on how they viewed improvements in the service were sought and reviewed within regular monthly meetings.
- Improvements in team working had taken place, a range of measures to improve communication had been taken. Staff told us team working and morale was much improved. A staff member told us, "If I have any questions there is always someone to help me, it's a nice team."
- These improvements in team working were echoed in comments from relatives on improved communication and involvement. One relative told us, "[Name] has been there under a number of different managers, since [registered manager] has been there the level of communication is excellent, absolutely excellent."

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

- When incidents or concerns had occurred, staff had discussed this with relevant people. Relatives told us they were informed of any concerns or incidents. One relative told us, "I have always been fully informed, even during lockdown."
- Information reviewed in relation to incidents that occurred in the service demonstrated the registered manager understood their responsibilities regarding duty of candour.
- Improvements relating to notifiable incidents to CQC had been made. We reviewed incidents in the service and against our records and found the provider had notified us of notifiable incidents as required.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: systems and processes were not established and operated effectively. Records were not accurate. Feedback from people and relatives to help improve the service had not been acted on.</p> <p>Regulation 17 (1) (2) (a)(b)(c)(e)</p>