Eastleigh Care Homes - Minehead Limited

Eastleigh Care Homes - Minehead Limited

Inspection report

Periton Road
Minehead
TA24 8DT
Tel: 01643 702907
Website: www.eastleighcarehomes.co.uk

Date of inspection visit: 29 September 2015
Date of publication: 02/11/2015

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?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection was unannounced and took place on 29 September 2015.

Eastleigh Care Home – Minehead Limited is registered to provide care and accommodation for up to 72 people. The home is divided into two parts. One part provides nursing care to people whilst the other part cares for people who do not require full time nursing care. The home specialises in the care of older people.

There is a registered manager in post. 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.

Summary of findings

The home was well led by a registered manager who was appropriately qualified and experienced to manage the home. They kept their skills and knowledge up to date and used imaginative ways to share good practice with the staff team.

Although staff provided effective and responsive care to meet people's physical needs, people who were unable to occupy themselves did not always receive responsive social and mental stimulation. We have recommended that staff receive further training and guidance in this area.

The provider had a robust recruitment procedure which minimised risks of abuse to people and staff knew how to recognise and report concerns. People felt safe at the home and with the staff who supported them.

Each person had their needs assessed and each had an individual care plan which set out how their needs would be met. When needs changed care plans were up dated to ensure staff had the information they required to meet the person's changing needs.

Staff received training and supervision to make sure they had the skills required to effectively care for people.

There were adequate numbers of staff to ensure people's safety and they responded promptly to requests for help. There was clear staffing structure which made sure people always had access to senior staff.

Registered nurses monitored people's health and ensured they received appropriate care and treatment. People had access to healthcare professionals from outside the home according to their specific needs. People's medicines were safely administered by staff who had received specific training.

People received a diet in accordance with their needs. At mealtimes people received the support they required to eat and drink. Specialist diets were catered for and staff knew about people's likes and dislikes. People were complimentary about the meals served.

People were cared for by kind and caring staff who respected their privacy and were friendly and reassuring when assisting them. People told us staff were kind and gentle when they helped them with personal care. People who were able to express their views told us they felt well cared for at the home.

Summary of findings

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. The provider had a robust recruitment procedure which minimised the risks of abuse to people. There were sufficient numbers of staff to maintain people's safety and ensure they received care and support in line with their needs. Risk assessments were in place which made sure risks to people were minimised.	**Good**
Is the service effective? The service was effective. People were cared for by well trained staff. People were offered meals which met their needs. People had access to healthcare professionals according to their specific needs.	**Good**
Is the service caring? The service was caring. People were cared for by kind and friendly staff who respected their privacy and dignity. There were opportunities for people or their representatives, to express their wishes about their care, including how and where they would like be cared for at the end of their lives.	**Good**
Is the service responsive? The service was not fully responsive. Although people's physical care needs were met there was limited social or mental stimulation for people who were unable to occupy themselves. People's individual needs were monitored and changes to care were made in accordance with changes in need. There were systems in place to investigate and respond to complaints.	**Requires improvement**
Is the service well-led? The service was well led. People benefitted from a registered manager who kept up to date with current best practice and shared their knowledge with the staff team.	**Good**

Summary of findings

There were effective quality assurance systems to monitor practice and ensure continuous improvements in the service offered to people.	

Eastleigh Care Homes - Minehead Limited

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 was planned to check 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 inspection took place on 29 September 2015 and was unannounced. It was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in August 2014 we did not identify any concerns with the care provided to people.

At the time of the inspection there were 57 people living at Eastleigh Care Home in Minehead. During our visit we spoke with 26 people who lived at the home and eight members of staff. Staff spoken with included registered nurses and care staff. The registered manager and assistant manager were available throughout the visit. We also received feedback from three health and social care professionals. Some people were unable to fully express themselves verbally due to their physical or mental frailty. We therefore spent time observing care practices throughout the home.

We looked at records which related to people's individual care and the running of the home. Records seen included five care and support plans, three staff recruitment files, quality assurance records and minutes of meetings.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. People were very comfortable with the staff assisting them. Some people receiving nursing care were unable to communicate verbally but they smiled when staff approached them. One person told us "I am safe and well. I can't fault them." Another person said "I feel absolutely safe here."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff told us they had not been able to start work until appropriate checks had been made and records seen confirmed this. Some staff were employed using an agency which recruited staff from overseas. Where the agency was used the registered manager told us they made sure the agency had made the appropriate checks.

To further reduce the risks of abuse staff received training in how to recognise and report abuse during their induction period. There were also regular updates to make sure staff had their knowledge in this area refreshed. Staff spoken with had an understanding of what may constitute abuse and how to report it. Where concerns had been raised with the registered manager they had worked in partnership with appropriate authorities to make sure people were protected.

People were supported by sufficient numbers of staff to meet their physical needs and ensure their safety. One person said "I think there are enough staff. Just the odd occasion when they are short." Another person told us although there were enough staff to assist them with their care they did not feel staff always had time to stop and chat to them. They told us "They are very busy but they do chat when they have the time."

People had access to call bells and said staff responded promptly to requests for help. One person said "They come very quickly if you ring the bell." One person, who was unable to use a call bell, had a pressure mat in place. This was a floor mat linked to the call bell system which activated when it was stepped on. Whilst we were speaking with them they told us they needed some assistance with personal care. When we stepped on the pressure mat to summon assistance for the person, staff appeared almost immediately to assist them.

Care plans contained risks assessments which outlined measures in place to enable people to receive care with minimum risk to themselves and others. For example some people had risk assessments for the use of bedrails. We noted that alternatives were used to minimise risks where bedrails were considered not to be the safest, or least restrictive, option for the person.

Risk assessments also showed the support people needed to reduce the risks associated with assisting them to mobilise. Practice in the home reflected the risk assessments in place. For example one person's risk assessment stated the number of staff and equipment needed to safely assist the person to move from their wheelchair. When this person was assisted we saw it was in accordance with the risk assessment which showed staff were familiar with the assessments and worked in line with them to maintain people's safety.

To make sure people lived in a safe environment risk assessments had been carried out on the building. Regular health and safety checks were carried out in accordance with the assessments. The building was well maintained and decorated which provided a pleasant safe environment for people.

People's medicines were administered by registered nurses or senior staff who had all received specific training to carry out the task. Staff who administered medicines had their competency in this area assessed by a member of the management team to make sure their practice was safe.

The home used an electronic system to record medicines administration. One person told us "You usually get your tablets on time." A member of staff said they liked the electronic system because they found it very clear and easy to use. Records showed when medicines had been administered and kept a running total of medicines in stock. This enabled the provider to know what medicines were on the premises at all times. Any changes to prescribed medicines could only be made on the system if it was authorised by two members of staff. This reduced the risk of errors.

Good

Is the service safe?

Some people were prescribed pain relief in the form of patches worn on the skin. There were clear records of when and where patches had been applied. Other people were prescribed pain relief on an 'as required' basis. One person told us they were always offered pain relief to make sure they remained comfortable and pain free.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. In the main part of the building there was always a registered nurse on duty to monitor people's healthcare needs. Where people needed to see other healthcare professionals appropriate referrals were made according to each person's individual needs. Referrals had been made to professionals such as dieticians, speech and language therapists, doctors and dentists. One person told us if they had any worries about their health "The nurses are straight onto it."

In the part of the home for people who did not require full time nursing care, staff monitored people's health. Staff sought advice and support from healthcare professionals from outside the home to make sure people's needs were met. One healthcare professional told us the staff took notice of any recommendations made and worked in partnership with them to make sure people received effective care and support.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Once new staff had completed their basic induction learning they were able to shadow more experienced staff to learn how to care for each individual. One person said "The new ones shadow another carer in front of me. So I know they've been told how to care for me. Sometimes I have to explain again but I don't mind." Once new care staff had undertaken their shadow shifts they were allocated a buddy who they worked alongside for four weeks. This enabled them to be consistently supervised and supported by an experienced member of staff.

Some staff had been employed through an agency that recruited overseas staff. Where people had been recruited in this way the registered manager told us they always tried to carry out a Skype interview so they could access the person's English language skills and their understanding of the requirements of people who lived at the home.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Additional training available to staff included; pressure area care training, palliative care and dysphagia (swallowing difficulties.) People felt staff were well trained and competent in their roles. One person said "The staff are well trained I can't fault any of them." Another person said "The staff are wonderful and well trained."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People's weight was monitored and there was a system in place to make sure people were referred to specialists once a criteria point was reached. However the care documentation being used made it quite difficult to track whether systems in place had been effective.

Where people had been seen by specialists, recommendations about the person's food intake were followed. One person had been seen by a speech and language therapist who had made specific recommendations about how their food should be served to them. At lunch time we saw these recommendations were followed. Another person's care plan said they needed to have all drinks thickened to minimise the risks of choking and we noted drinks were provided accordingly.

We observed lunch being served in the three main dining rooms. People received the support they required to eat in a dignified manner. Where people required prompting this was offered discreetly. Those who needed physical assistance to eat were supported in an unhurried manner. However where people were given drinks and snacks when sitting in the lounge they were not offered assistance to eat and drink. This resulted in hot drinks being left to go cold and snacks going uneaten. This was discussed with the registered manager during the inspection who said they would take action to make sure this was addressed.

People were complimentary about the food served at the home. Comments included; "Food is very good. We always have a choice," "The food is hot and fresh" and "They know and adhere to my special needs."

People who were able to make decisions about their care and support were asked for their consent before being assisted. Staff always asked people if they wanted help and waited for them to respond.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as

Good

Is the service effective?

not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us they always consulted with family and professionals when someone lacked the capacity to make a decision and acted in accordance with agreed best interests decisions. Decisions made in people's best interests were recorded in their individual files. This ensured people had their legal rights protected.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A number of people living at the home were being cared for under this legislation and the registered manager had made applications for other people who may require this level of protection. A representative from the Local Authority told us the provider made appropriate applications to them and always informed them if a person's situation changed.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person said "Staff are really nice to me." Another person told us "The staff are lovely to you."

Numerous cards had been sent to the home thanking them for the care given to themselves or their friend or relative. Comments included; "Thank you for the care and kindness shown," "The care and attention given to her was excellent and all staff were so kind and considerate" and "Thank you for all the great care given over the years and particularly over the last few weeks. Your help has eased the sadness of passing."

Throughout the visit we heard and saw staff speaking to people in a friendly and polite manner. Staff assisted people in a gentle and kind way. When a person was being helped to move from a chair to a wheelchair staff explained what was happening and offered reassurance to the person throughout the process.

Staff visited people in their rooms to make sure they were comfortable and to ask if they wanted anything. In one instance a member of staff visited a person to ask if they required an extra cushion and to check they were warm enough. The person told us "There's great attention to detail." Another person said "The staff are lovely and will do anything for you."

People's privacy was respected. In the part of the home which provided nursing care many people spent time in their bedrooms with their doors open to enable them to see what was going on. When staff assisted people with any aspect of personal care they closed the doors to ensure their privacy and dignity was maintained.

The home employed both male and female nurses and care staff which enabled people to choose the gender of the person who supported them with personal care. One person told us "I've told them I don't mind who helps me they are all professional." One person's records showed that they only wished to be cared for by a female member of staff. One person, who lived in the part of the home which did not provide nursing care, said sometimes overnight there were only male staff on duty which meant they did not have a choice. This was raised with the registered manager during the inspection who stated they would make changes to the rota to make sure there was always a choice for people.

People were able to spend time alone in their bedrooms if they wished to. People had been able to personalise their rooms with pictures, ornaments and small items of furniture. This all helped to create a homely environment for people. One person told us they liked to spend time in their room and staff respected their choice.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. One person said "Visitors come and go as they please. It's open house really."

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them, or their representative, to make comments on the care they received and voice their opinions. One person told us staff had gone through all their likes and dislikes when they moved into the home. Another person said "They did take time to find out what I needed. That has been on-going."

The home was able to provide care to people at the end of their lives. Some people were only at the home for a short period of time to receive palliative care. The home was accredited to the Gold Standards Framework. The Gold Standards Framework is a comprehensive quality assurance system which aims to ensure people receive high quality palliative care. Care plans gave information about people's wishes about how and where they wished to be cared for if they became very unwell and at the end of their life. One person told us "I'm under no illusion I know I will be here until I die. That's fine by me because I know I will be well cared for."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their physical needs but did not always provide social or mental stimulation for people who were unable to occupy themselves. During the inspection we spent 45 minutes in one of the lounges in the area that provided care to people with nursing needs. When we arrived in the lounge there were six people seated in front of the TV but no one seemed to be watching it. There were no staff in the lounge with these people. When staff appeared it was to carry out a task such as take someone to the bathroom. Staff did not speak to anyone else in the room except the person they were assisting. When another person was bought into the lounge there was no explanation about why they were there. This meant that for 45 minutes the majority of people received no social interaction or stimulation from staff.

Two people in the lounge had hot drinks and snacks in front of them but no staff were available to prompt them to eat or drink. One person was slumped uncomfortably in a chair and other people were sleeping. No one in the lounge had independent mobility and they were therefore unable to leave without staff assistance. The reason for people being in the lounge was unclear as there was no organised activity and no social stimulation offered.

In the part of the home that provided care to people who did not require nursing care, staff interacted well with people. There was some singing, laughter and friendly banter. This was very much appreciated by people. One person said “The carers seem happy.” Another person said “We have a laugh.” One member of the care staff team told us “I love it here. It’s not at all dull.”

There was an activity programme which provided some organised activities each day. There was a monthly timetable which was given to everyone. The timetable was typed and writing was quite small which would make it difficult for some people to read and understand. Some people told us they enjoyed taking part in activities such as puzzles, quizzes, musical entertainment and visits from dogs. One person said “There are plenty of activities, whatever you want to do.” Another person said they had been out on the home’s minibus.

For people who wished to practice their religious faith there were visiting clergy and religious services held at the home.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how to meet people’s care needs. Care plans were personalised to each individual and showed how acute illness and long term health conditions would be managed. Registered nurses monitored and managed people’s healthcare such as wound dressing, continence care and pain relief. Registered nurses had a good knowledge of people and were able to tell us about their individual conditions and care needs.

The staff responded to changes in people’s needs and care staff passed on information about each person to make sure any changes in condition or presentation could be monitored. One person told us staff had noticed a change in their health and passed the information to the registered nurse. They said “The nurses are straight down to see you if there’s anything up. The carers seem good at spotting things. Nurses get things seen to quickly.” One care plan showed how the person’s mobility had decreased and the changes in care being provided in response to the change.

People who were able to express their views told us they were able to make choices about their day to day lives including, what time they got up, when they went to bed and how they spent their day. One person said “I had breakfast in bed this morning. When they asked me if I wanted to get up I said no so they went away. They came back later when I was ready.” Another person said “You can please yourself really.”

People told us they would be able to make a complaint about their care if they were not happy. One person said they had complained in the past. They said “My complaint was fully investigated and the matter was sorted. The manager often comes down for a natter to make sure I’m happy with everything. “Another person told us “I feel I could raise a complaint if I needed to.”

There were posters on notice boards giving information about how to make a complaint and who to talk to if people felt unable to raise their complaint with the registered manager. All complaints made were recorded. Complaints made mainly related to people’s individual preferences and showed the action that had been taken to

Requires improvement

Is the service responsive?

resolve the issues raised. Records showed the outcomes of complaints had been reported back to the complainant and the registered manager made sure people were happy with the outcome.

We recommend that care staff receive training and guidance on how to engage with people who are not always able to fully express themselves.

Good

Is the service well-led?

Our findings

The provider had a vision for the home which their website stated was to provide a care service in line with the philosophy of "Everything I would look for if it were for me or my family." Their vision and values were communicated to staff through staff training, meetings and formal one to one supervisions.

People who were able to fully express their views told us they felt well cared for. One person said "I have marvellous care. I feel at home here." Another person told us "They look after me very well." A member of staff said "I could rely on the staff here to look after my relative."

The home was well led by a registered manager who was appropriately qualified and experienced to manage the home. They kept their knowledge up to date by reading and on-going training. Eastleigh Care Homes – Minehead Limited was part of a small group of homes. Managers of the homes in the group met regularly to share ideas and good practice. The registered manager also belonged to the local Learning Exchange Network. This is a group which provides a discussion forum for care service managers to share good practice and information. The home was a member of the Registered Care Providers Association (RCPA) which provides up to date guidance and information for care providers in Somerset.

The registered manager shared their knowledge and learning with staff imaginatively to constantly improve standards of care for people. They had produced pocket sized guides for staff to keep on their person. These included information about infection control practices, Gold Standards Framework, manual handling, duty of care and duty of candour, the Mental Capacity Act 2005 and the deprivation of liberty safeguards. These guides were small credit card sized laminated information sheets on a ring. The registered manager told us they planned to add more information as required. In the part of the home which led to staff areas, such as rest rooms and changing areas, there were snippets of information on the wall to remind staff to treat people with dignity and other pertinent information.

People who were able to express their views, and staff, told us the registered manager was available and approachable. One person said "She [registered manager] is about and comes to see me to talk about things." A member of staff said "I feel I could go to the management if I had any worries. They are approachable people."

If for any reason a member of staff felt unable to approach the management team there was a staff representative who could make suggestions and raise concerns on their behalf. One suggestion made was for changing the way soiled laundry was moved from people's rooms. In response to this there had been changes in practice which helped to promote people's privacy and dignity. This demonstrated the registered manager listened to ideas and suggestions to implement on-going improvements.

There was a staffing structure which provided clear lines of accountability and ensured people always had access to senior staff. In addition to the registered manager there was an assistant manager. There were also two clinical lead nurses who offered on-going guidance and support to nursing staff. There was a registered nurse on duty 24 hours a day in the part of the home which provided nursing care and a senior carer was available in the other part of the home. In addition to registered nurses the home employed three assistant practitioners. These were senior care staff who had completed additional training to enable them to undertake some nursing duties under supervision. Staff told us they thought there was good teamwork in the home which ensured people's needs were met. One member of staff said "It's a very nice team. We all help each other."

Staff were well supported and received an annual appraisal and regular supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Records of staff supervision sessions showed they were at times used to address issues with practice and ensure staff had a clear understanding of their roles and responsibilities.

There were effective quality assurance systems to monitor care and plan on-going improvements. Where shortfalls in the service had been identified action had been taken to improve practice. For example issues had been highlighted regarding care plans being extremely cumbersome and difficult to audit. In response to this a new care plan format was being introduced. The registered manager informed us this was due to be in place the following month.

Good

Is the service well-led?

There were regular audits which aimed to continually improve standards of care for people. Audits of medication practice and documentation were carried out monthly and where issues had been identified in the audits these had been addressed with specific staff during supervision.

Monthly infection control audits helped to ensure people were protected from the risks associated with infections. Audits seen showed on-going improvements in this area with the most recent audit scoring 99%.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.