Raveedha Care Limited

Eastcotts Care Home with Nursing

Inspection report

Calford Green, Kedington
Haverhill, Suffolk CB9 7UN
Tel: 01440 703178
Website: www.symondshouse.com

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on the 26 January 2016 and was unannounced. Eastcotts Care Home with Nursing provides care and accommodation for up to 59 older people. There were 51 people living at the service on the day of our inspection.

The service has a registered manager. 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.

People spoke positively about the service and the care that was provided. They told us that they were listened to and staff were kind.

Risks to individuals such as those associated with tissue viability and moving and handling were identified but the

Summary of findings

management plans would benefit from more detail. Environmental risks and damage were not always well managed and meant that some areas of the service looked tired.

Staffing levels were adequate although staff breaks could be better managed. The systems in place to recruit staff were thorough and references and other checks were undertaken before staff started work at the service. Staff had a good understanding of abuse and the steps that they should take to protect people.

People were supported to take their medicines but practice did not always follow the recommended professional guidance.

A training programme was in place but it was not up to date and staff practice did not always reflect best practice. Staff had a limited understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff told us that they were well supported when they started work at the service and told us that they received regular supervision.

People had access to health care support when they needed it and were provided with a balanced diet.

Care plans documented people's needs and were regularly reviewed. Staff had a good understanding of people's needs. People told us that they were supported to maintain relationships which were important to them. Activities were regularly provided but there was only one member of activity staff and they were not always able to meet people's needs and individual interests.

The manager was approachable and promoted an open culture. Complaints were taken seriously and investigated. Staff knew what was expected of them. People's views were sought in a variety of ways including resident meetings and questionnaires. There were systems in place to drive improvement but these would benefit from a greater focus on people experience Thereby ensuring consistency of practice and reflecting the training undertaken across the service.

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?

Requires improvement 

The service was not consistently safe

Medicines were safely stored but administration did not always follow professional guidance.

Risks were identified but not always managed effectively.

The staff had received training in protecting vulnerable adults and were aware of how to report safeguarding concerns they might have.

There were sufficient numbers of staff to provide care to the people who lived at the service. These could be deployed more effectively.

Is the service effective?

Requires improvement 

The service was not consistently effective.

A training programme was in place for staff but care did not always reflect best and consistent practice.

Consent and the Mental Capacity Act was not consistently well understood by staff.

People were supported to maintain a balanced diet.

People were supported to maintain their health by visiting professionals such as chiropodists, dentists and GP's.

Is the service caring?

Good 

The service was caring.

Staff were understanding and attentive to people needs.

People were involved in making decisions about their care and their independence was promoted.

Is the service responsive?

Requires improvement 

The service was not consistently responsive.

Activities were available for people to access when the activity organiser was working but were limited at other times.

People's needs had been assessed and this information was used to develop a care plan.

People told us that they were confident that concerns would be responded to appropriately.

Is the service well-led?

Requires improvement 

The service was not consistently well led.

Summary of findings

Staff were supported and expressed confidence in the management of the service.

The manager was visible and enthusiastic about their role.

Audits were undertaken but did not focus on peoples experience and address the inconsistencies in care delivery.

Eastcotts Care Home with Nursing

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 the 26 January 2016 and it was unannounced. The inspection team consisted of two inspectors and an Expert–by-Experience. An expert by experience is a person who has personal experience of care services and caring for an older person

Prior to the inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

There were 51 people living in the service and we spoke with ten people. We also spoke with five relatives, ten staff, the manager and one of the directors. We looked at staff records; peoples care records and records relating to how the safety and quality of the service was being monitored. We observed care practice and medication administration.

As a number of people who lived in the service were living with dementia we used the Short Observational Framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe and were cared for. One person said, "They look after me well. I'm very contented here."

Risks to individuals were identified and management plans put into place to reduce the risks. However some of the risk management plans would benefit from further detail and oversight to ensure action is consistently being taken to mitigate risks identified. Environmental risks were not always effectively managed.

A range of assessment screening tools were used by staff to identify risks. The Malnourishment Universal Screening Tool (MUST) was used to identify individuals at risk of malnourishment and Waterlow risk assessments were undertaken to identify those at risk of pressure damage. Where risks such as skin integrity were identified, specialist mattresses and cushions were in place to reduce the likelihood of injury. However the care plan did not document the mattress setting and there were small anomalies between the mattress setting and what the staff told us. The provider told us that the mattresses were checked daily by staff. Not all individuals who had been assessed as being at risk of sacral pressure sores were sitting on a pressure relieving cushion. Repositioning charts were used to evidence that individuals at risk were being repositioned on a regular basis but there were gaps where the records had not been completed and we could not see that this had been followed up. Risk assessments were in place for conditions such as diabetes and provided staff with guidance as to how they should respond to issues such as high and low sugar levels.

The frase risk assessment tool was used to identify individuals at risk of falls. Monthly information was collected on falls but this information would benefit from further analysis as to any contributing factors such as timings and location. Where a risk was identified we saw that actions were put into place to reduce the risk of injury. These actions included the used of pressure mats to alert staff to people starting to mobilise.

Assessments of peoples moving and handling needs were undertaken but the documentation did not record the size or type of sling which was suitable for individuals. We spoke to a member of staff who was unable to locate this information. We were subsequently told by the provider that this information was recorded in another section of the care plan. In one person's room we found a selection of different slings sizes and types and it was not clear which staff should be using. The manager told us that the service was moving towards using individual slings.

Environmental risks were not always well managed, some of the communal areas were cluttered and deliveries were not cleared from these areas immediately. Some carpets were frayed where they joined and there were gaps in the carpet which created a potential trip hazard. By one back door, a square of carpet was used as a door mat. This covered the carpet into the main part of the corridor and, again, presented a trip hazard. One of the doors had a cracked pane of glass and self-closing device on one the bedroom doors was broken and it was propped open. The nurse in charge said that they would ensure that the repairs were reported to maintenance. However they presented potential hazards for service users and visitors as well as making the areas seem tired and uncared for. It is recommended that the manager seek out and utilise the relevant health and safety guidance to ensure that everyone is as safe as possible at the service.

We saw that checks were being undertaken on a range of equipment such as, moving and handling slings, water temperatures, gas and electrics to ensure that they were safe. Regular fire drills were being undertaken.

People were supported to take their medicines but practice did not always follow the recommended professional guidance. We observed part of a medicines administration round during our inspection and saw that staff signed for the administration of topical creams that they had not administered themselves. We could not see how staff knew if and when the creams had been administered. There was no written instruction as to where creams should be applied. The manager agreed to follow this up with the registered nurses. The provider told us that they were due to implement a new system for the oversight of creams and lotions.

The nurse was observed supporting people with their medicines and gave people the time they needed and ensured they had a drink. The medicine trolley was kept locked when unattended, and the nurse signed the medication administration charts after the medicines had been taken. We checked samples of medicines and Controlled Drugs (CD) and saw that they were appropriately signed for and the quantities in stock tallied. There were

Requires improvement

Is the service safe?

protocols in place for medicines that were prescribed on an 'as required' basis. Photographs were in place for identification purpose. Temperature checks for the room and fridge were recorded daily and were within an appropriate range.

Internal medication audits were completed monthly on each unit. A collated action plan was then drawn up. The last three audits identified similar issues and the Manager commented that although none of the issues were major it was frustrating that they came up repeatedly.

Recruitment processes offered protection to people. We looked at the recruitment files for five staff. They demonstrated a sound process that included checking criminal records, taking up references and undertaking identification checks.

Feedback on staffing levels was inconsistent. Some people told us that there was enough staff but others said that there was not. One person told us, "I know that sometimes they are short. They are very good. They still come when I ring my bell." One person told us that they had to wait for the toilet and said "There is no dignity in that."

Our findings were that this could be attributed to deployment of staff and not the numbers on shift. Our observations were that there were sufficient staff on duty on the day of our visit, staff were available and responded to call bells promptly. However we noted that staff breaks were not always well managed and there were periods when there were less staff available. One the day of our visit the manager supported staff with care delivery and helped to deliver care during busy periods. We looked at the staffing rotas and saw that the staffing levels had dropped over the previous weekend and we asked the manager to investigate. The manager told us that a number of staff had been ill and while they had obtained some agency cover they had been unable to replace all the carers, which meant that the nurse supported the carers with the delivery of personal care.

People were protected from harm as staff were aware of their responsibilities and told us that they were encouraged to raise matters of concern. Staff told us that they had received training in safeguarding vulnerable people and were able to tell us about the different types of abuse. Information on how to report concerns was on display throughout the home.

Requires improvement

Is the service effective?

Our findings

People told us that staff were trained. One visitor said, "They know exactly what they're doing. If you ask them a question, they come straight out with the answer." Another visitor said, "I think they're well trained." They described how staff had advised them on the best way to respond to their relative.

Staff told us they had received training appropriate to their role and told us that that they had undertaken training in moving people, infection control and dementia care. We spoke to a relatively new member of staff who told us that they had completed an induction and worked alongside a more experienced member of staff for a two week period before working independently.

However training was not always effectively implemented and during the inspection we observed that practice was inconsistent. Staff knowledge and skills in working with people with dementia for example was variable. We observed two individuals becoming distressed, the staff member did not intervene and demonstrated a lack of understanding and said to one individual, "You know that's her illness. You just need to ignore her." The support provided at lunchtime was largely task based and there were little interaction between staff and people. One member of staff was also answering call bells so every time they sounded they left the person they were supporting to respond. Therefore even though training may have been provided, for some staff they did not always know how to put this to practical use.

There was a training matrix in place which set out what training staff had completed. However this was not up to date and there were gaps in some areas, such as moving and handling, fire safety , care of the dying and dementia. Following the inspection the provider told us that there was evidence in staff files which we had not seen but which evidenced that training had been provided and further training updates were booked.

Staff commented that they felt well supported and received regular supervision. They spoke well of the nursing and management staff. One member of staff said, "I am supervised by the nurse six to eight weekly. It's good, you can air your feelings and get support….The Manager is approachable and she is helpful to me."

People told us that they had a say in how they were supported and we saw people being offered choices. Staff were not consistently able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA). Mental capacity assessments were in place but these were not decision specific and it was unclear what they related to. Where people lacked capacity there was no documented record of how they were supported in their best interests although some staff could explain how they did this. A significant number of people had bedrails and we were provided with lists of people who had given consent but we could not see if it was the individual or their relative who had given consent. It was not clear that these decisions had been reviewed regularly. There were no best interest decisions. One person told us, "I have the sides up at night, I complain but I am told I have to have them."

A small number of applications had been made to the appropriate professionals for assessment when people who lacked capacity and needed constant supervision to keep them safe as required by the Deprivation of Liberty Safeguards (DOLS.) However there were other individuals living at the service for whom an application may be appropriate and the manager agreed to review this.

People gave us mixed views about the food but we observed that people ate well and there was little waste at lunchtime. One person said that they liked breakfast and "Could have a bacon sandwich or a fry up if they wanted." Another person said," You couldn't wish for better food. They come in the morning and say what it is."

People had a choice of two meals for lunch and one person had vegetarian sausages. When asked what happens if they don't like what's on offer, one person said, "They might do you an omelette or something like that." We observed that staff encouraged people to eat, but accepted people's decisions not to have anything if they chose not to.

We spoke to the cook about the arrangements in place to support people with allergies and those with specialist diets. We were told that there were no individuals with allergies but there was support for people with diabetes. Pureed meals were served to those individuals who had been assessed as requiring a specialist diet The cook told us that there was currently no list in the kitchen to identify people's dietary needs but said that they were looking at developing this.

Requires improvement

Is the service effective?

There was evidence that people were weighed monthly and a food and fluid chart was instigated when there were concerns about people. However, there was no target fluid intake stated and intake was not totalled making it difficult to know if their intake level was individually sufficient to keep them well.

People had access to health care support when they needed it. One person told us, “If I’m not very well, they’ll always say do you need to see a doctor.” Another person told us that they see a chiropodist, “He comes once every four to six weeks.”

We saw that people’s health care needs were identified and plans were in place regarding management. We saw that advice had been obtained from the dietician for one individual and when we checked their records we saw that this was being followed.

We saw that people had good access to range of health professionals such as chiropodists, Occupational health and dentists. Two of the local GP surgeries held clinics at the service.

Good

Is the service caring?

Our findings

People were generally happy with their care and told us that staff were caring. One person told us that "Staff were very friendly. They're all very nice. Nothing is too much trouble." Another person said, "They're all wonderful. I can't find no fault. They always talk to me."

We observed support being provided during the inspection and saw that staff were attentive although the support was largely focussed on completion of a task. One person was tearful and said they were unwell, and staff were kind and reassuring. Another person said "I want a new battery in my hearing aid. I can't hear." This was responded to promptly by staff who found a battery in the person's room. Staff also checked both hearing aids to ensure the person could hear properly.

People told us that they were offered choices and were involved in their care. Care plans contained details of people's preferences and their independence was promoted. One person told us, "They did try me on the frame, but when I stood up my knees went from under me."

People were able to choose where they spent their time and we saw that people were able to stay in their room or sit in the lounge if they choose. Some people chose to have their lunch in their room, whilst others either had it in the lounge or in the dining room. One person said, "I generally get into bed at quarter past nine. I'm generally the last one to go to bed. I don't like to go to bed early."

People told us that their visitors could come when they wanted. One person told us, "I have a friend who visits." Another person said, "Anybody can come when they want, but they prefer it not to come at meal times." A staff member told us ,"Our relatives are really involved." We observed a steady stream of visitors throughout the day of our inspection.

People's privacy and dignity was respected, A visitor told us "They're very respectful. They close the curtains.' They also said that when staff are delivering personal care they ask "Would you mind stepping out." We observed that staff knocked on doors before entering and ensured that doors were closed when they were delivering personal care. People looked well cared for and their clothing was clean and well fitting.

Requires improvement

Is the service responsive?

Our findings

We saw that preadmission assessments were undertaken before people moved into the service and this information was used to develop a plan of care. Care plans were informative and contained information about how best to support people. Health needs were also outlined, for example one care plan listed the size of urinary catheter and when it was to be changed. There was evidence that care plans were reviewed monthly.

Some individuals had a completed 'This is me leaflet' as part of their care plan and this contained some life history information. People's care preferences were also clearly identified in the care plan. For example one plan stated that an individual; 'Likes wearing jewellery, even when they go to bed. Care staff to maintain and respect (the individuals) choice.'

People had limited opportunities to follow their interests. One person told us that they went out regularly and we saw that they attended the Salvation Army every week and went to a club once a month. However the majority of people spent their time in their room or in one of the lounges.

Some people told us that they were bored, one person said, "There's nothing much to do where I am. I just sit. The only time I walk is when I get up to go to the toilet. There's no activity." However other people told us that they were content to watch television and read. One person said, "I like to read when I want…I like to do what I want. It's my room and I'll do what I want."

There was one activity co –coordinator and we saw that they had arranged outings and activity sessions. There was a wish tree in the entrance where people could make a wish. The activity coordinator was not present on the day of our inspection and in their absence very little stimulation was offered to people during the day.

A member of staff said "There is not enough going on for people. There is one person who covers the whole home…..Today, (Activities Worker) is off so there is nothing. We have not got time."

The staff were in and out of the lounges but their focus was on completing paperwork, and supporting people with their personal care rather than on interacting with individuals. In one lounge we observed some staff undertaking an impromptu singing session and those attending enjoyed singing along. In another we observed music was playing and individuals were having their nail painted. The activity programme on display was out of date and the posters for activities offered earlier in the year were still on show.

The concerns and complaints procedure was displayed in at least three separate places and people we spoke to knew that they could raise a concern. We saw that there were comments cards in the entrance and we saw that people used to this to make suggestions. One the day of our visit there were a number of comments, one about the TV and another about cleaning the tables before meals. One person had written, 'I enjoy coming here to visit. There's always someone so welcoming to me, even when they are so busy."

One visitor said they had received plenty of information and felt it was 'clear and easy to understand. They also said they had not made a complaint because 'There's nothing to complain about.'

We looked at the records of complaints and this showed that complaints had been investigated and responded to. Where shortfalls or learning was identified the manager was able to outline the actions were taken to address the concerns raised.

Requires improvement

Is the service well-led?

Our findings

There was an open culture and people expressed confidence in the management of the home. People generally knew who the manager was, one person said, "She knows I'm settled here."

A visitor told us, "We've spoken with the manager a lot. She's lovely."

There were a range of systems in place to check the quality of the care provided however these did not always identify some of the inconsistencies that we identified as part of the inspection. We observed some good care practice but also care which was largely task based. Training had been delivered but was not always being implemented. Audits had been undertaken but they did not focus on peoples experience and how care was delivered. They had not identified that the staff team were not consistently displaying a person centred approach. We saw that care plan and infection control audits were undertaken and a range of data was collected, such as the number of urinary tract infections. The manager also completed a monthly management report for the provider which looked at events that had taken place over the previous month. This information included numbers of falls, accidents and pressure ulcers.

The manager was enthusiastic about their role and knew the needs of the people who lived in the service. They were accessible and we observed them working alongside staff and helping to support individuals with their personal care. The manager was aware of their legal responsibilities including the need to make statutory notifications. Staff were positive about the home and were well motivated. Staff told us that the manager was visible around the home and that they felt supported and had feedback on their performance. They commented that the senior staff were all approachable."

One member of staff said, "It's well run, I am supported by my manager…it's not flash but it's clean and there is a homely atmosphere." Another member of staff said, I like working here, the manager is approachable and listens. But sometimes her hands are tied."

Regular staff meetings were held and we saw that these forums were used to remind staff of their responsibilities and how they could improve the service. One member of staff told us that they were being supported to take on the role of Bereavement Champion. "We have linked up with St. Nicolas hospice

We saw that meetings were held with relatives on a quarterly basis. The minutes of the recent meetings were provided and demonstrated that people were encouraged to share their views and opinions. We saw that a range of surveys had been sent out and staff and relatives had been asked for their views on the care provided.