Mr. Dennis Jarvis

Eastview Residential Home

Inspection report

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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?	Good
Is the service well-led?	Good

Overall summary

Eastview Residential Home provides accommodation and personal care for up to 14 older people, some living with dementia.

There were 13 people living in the service when we inspected on 30 June 2015. This was an unannounced inspection.

There was 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.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support. The registered manager was reviewing the staffing levels at the time of our inspection.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

Prior to our inspection we had received a concern about the care provided. We checked what actions had been taken by the service as a result of these concerns. We found that the service had acted and implemented systems to reduce the risks of these concerns happening again.

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.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good

Is the service effective?
The service was effective.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good

Is the service caring?
The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good

Summary of findings

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

Eastview Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 30 June 2015, was unannounced and was undertaken by one inspector.

Before our 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 information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with five people who used the service and one person's relative. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the provider, the registered manager and six members of staff, including care, catering and domestic staff. We also spoke with two visiting health professionals. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said that the staff, "Made sure," that they were safe and secure. A person's relative told us that they felt confident that their relative was safe living in the service.

Staff had received training in safeguarding adults from abuse which was regularly updated. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how to recognise indicators of abuse and how to report concerns. Records and discussions with the registered manager showed that where safeguarding concerns had arose swift action was taken to reduce the risks of similar incidents occurring and to ensure the safety of the people using the service. For example, a recent concern had been received about the hygiene in one person's bedroom. The registered manager spoke with us about how this had happened and the swift action that they had taken to put it right.

Staff were attentive and checked that people were safe. For example, when people moved around the service using walking aids, the staff spoke with them in an encouraging and reassuring manner and checked that they were able to mobilise safely.

People's care records included risk assessments which provided staff with guidance on how the risks in their daily living, including using mobility equipment, accidents and falls, were minimised. These risk assessments were regularly reviewed and updated when people's needs had changed and risks had increased. Where people were at risk of developing pressure ulcers we saw that risk assessments were in place which showed how the risks were reduced. Where people required assistance to reposition to prevent pressure ulcers developing records showed that this was done regularly. Two health professionals confirmed that the service acted on advice given to reduce risks.

We observed part of the monthly bed checks with a staff member. They checked pressure relief equipment was working and inflated appropriately, and checked that bed frames, mattresses and bedding were clean and fit for use. The staff member explained that when soiled or damaged items were identified action was taken, this included replacing items. This was confirmed in records and our observations. For example, we saw the staff member cleaning mattress covers and they disposed of a duvet immediately when noting it was soiled. They told us that they had access to a stock of duvets and pillows to replace soiled items. This showed that there were systems in place to protect people from the risks that could be caused by damaged equipment and soiled bedding.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists and the stair lift had been serviced and regularly checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People told us that there was enough staff available to meet their needs. One person said, "If I need anything I just have to ask and it is done. I never have to wait." Another person said, "I am very happy here, they [staff] all look after me." We saw staff were attentive to people's needs and verbal and non-verbal requests for assistance were responded to promptly. There were no people left alone for long periods of time. Staff moved around the service and between people ensuring that all people had some interaction from staff.

Staff told us that they felt that there were enough staff to make sure that people were supported in a safe manner. A visiting healthcare professional told us that when they visited they saw that there were always, "Plenty of staff." The registered manager told us that the staffing levels were adjusted if people's needs increased. Hey told us that they had adjusted the staffing levels in the morning so that there was an extra staff member to administer the medicines without interruption. This was not reflected on the staff rota, but discussions with staff and people confirmed what we had been told. The registered manager told us that they would action this immediately. They also said that they were reviewing the staffing in the evenings and had done a series of checks to make sure that people were provided with the care they needed in a timely manner and that the medicines administration round was done effectively and safely.

Records and discussions with staff and the registered manager showed that checks were made on new staff

Good

Is the service safe?

before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided.

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were kept safely but available to people when they were needed.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said, “They know what they are doing here, they have been doing some training.”

Staff told us that they were provided with the training that they needed to meet people’s requirements and preferences effectively. A staff member said that they were provided with regular annual updates, which included completing assessed competency workbooks and face to face training, which was alternated every year. Staff told us that they had recently received training updates and there was a plan in place for future training. During the afternoon of our visit to the service we saw that the staff team attended moving and handling training. This told us that staff were provided with regular training to ensure that they were kept up to date with how to meet people’s needs effectively.

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

We saw that the staff training was effective because staff communicated well with people, such as using reassuring touch and maintaining eye contact with people. Staff supported people to mobilise whilst maintain their independence effectively and appropriately. Staff were knowledgeable about their work role, people’s individual needs, including those living with dementia, and how they were met.

Staff told us that they felt supported in their role and had regular supervision meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people’s consent before they provided any support or care, such as if they needed assistance with their meal and with their personal care needs.

Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. The registered manager told us that there were no people living in the service who did not have the capacity to consent to their care and treatment. They had sought advice and guidance from the local authority regarding DoLS to ensure that there were no unlawful restrictions on people.

Care plans identified people’s capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said, “The food is ace, the cook is very good.” Another person commented, “We get excellent food, get enough and whatever it is it is good.” One person’s relative told us that they felt that their relative got enough to eat and drink.

We saw that the meal time was a positive social occasion. People sat together and chatted and staff asked people what they wanted to eat on their plate, for example gravy was not placed on the plate when served but in jugs which people could help themselves to. People did not require assistance to eat, staff offered their help to people to cut up their food, if needed.

We spoke with the cook who was knowledgeable about people’s specific and diverse needs relating to their dietary needs. They showed us records which confirmed what we had been told.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People’s records showed that people’s dietary needs were being assessed and met. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person said, "If I need to see the doctor, they [staff] will help me call them.” We spoke with two healthcare professionals who regularly visited people in the service. They were both positive about the care provided to people and the way that staff acted on their advice and guidance.

Good

Is the service effective?

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said that the staff were, “Beautiful people, very kind.” Another person commented, “They are kind to me and I am kind back.” One person’s relative told us that the staff were, “Very good, I have never seen a bad one, very nice.” This was confirmed by two health professionals, one described the staff as, “Friendly and helpful.”

Staff talked about people in an affectionate and compassionate manner. We saw that the staff treated people in a caring and respectful manner. For example staff used appropriate reassuring touch, made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including smiling and chatting to them. People were clearly comfortable with the staff. For example, we saw one person and a member of staff laughing and joking together, the person said to the staff member, “Oh you know I love you, we have known each other for so many years now.” We saw another staff member compliment a person on their clothing and how they looked nice, which made the person smile.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person commented, “Whatever I want to do, I do.” Another person said, “They listen to me and I do my own thing.”

We saw that staff respected people’s privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

People’s records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people’s independence, such as when they moved around the service using walking aids.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person commented, "They look after me very well." One person's relative said, "[Relative] is well looked after, I would live here myself."

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes. Staff knew about people's diverse needs, such as those living with dementia, and how these needs were met. This included how they communicated their needs, mobilised and their spiritual needs.

Records provided staff with the information that they needed to meet people's needs. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. This included comments people had made about their care in care reviews and staff observations of people's wellbeing. These showed that people received personalised support that was responsive to their needs. The registered manager told us that they had attended a meeting with the local authority and managers of other services in the area, where they had looked at how they could make sure that care plans were more person centred. They showed us the documents that they had brought back with them and their plans to review people's care plans and include them more in their care planning.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "We get things to do, I like it when we have a sing song, they [staff] tell me to get up and have a go and we have a wonderful time." Another person said, "I get the newspaper delivered and I like to read that in the morning, then I am ready to do whatever they have to offer." A visiting health professional told us that when they visited they saw that people participated in activities. A staff member told us about a recent walk to the sea front which people had enjoyed.

We saw people participating in a range of activities throughout the day of our visit. During the morning people played a game of darts. A person told their relative about the dart game before it started, which showed that this was a regular activity. Staff and the provider chatted with people and during the afternoon the provider and people watched Wimbledon on television. We asked a person if they liked this and they said, "Oh yes, I watch it every year."

People told us that they could have visitors when they wanted them, this was confirmed by people's relatives and our observations. One person's relative said, "I can come in when I want to see [relative], within reason, I would not turn up during the night, but I come all different times." This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

All of the people and a person's relative told us that they knew who to speak with if they needed to make a complaint. One person commented, "I have never made a complaint, but they always listen to me, so I think they would listen to me if I did."

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. Records showed that there had been no complaints received in the last twelve months. However we saw that previous complaints were well documented, acted upon and were used to improve the service.

Good

Is the service well-led?

Our findings

There was an open culture in the service. People and relatives gave positive comments about the management and leadership of the service. People told us that they could speak with the registered manager, provider and staff whenever they wanted to and they felt that their comments were always listened to and acted upon.

Staff told us that the registered manager and the provider were approachable, supportive and listened to what they said. Staff understood their roles and responsibilities in providing good quality and safe care to people.

During our visit we saw that the provider spoke with staff and people who used the service. He knew them all by name and people responded to them in a manner which showed that they knew the provider.

The registered manager told us that they felt supported in their role and that they had regular support from the provider. They felt that the provider responded to their requests in a timely manner, for example if they needed new equipment. They understood their role and responsibilities in providing a good quality service and how to drive continuous improvement.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medication and falls. Where shortfalls were identified actions were taken to address them. Records and discussions with the registered manager showed that incidents, such as falls, were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. For example, a system had been introduced for staff to regularly check the environment and people's bedrooms to check that they were hygienic and in good order. This helped to make sure that people were safe and protected as far as possible from the risk of harm.

People were involved in developing the service and were provided with the opportunity to share their views. There were also care reviews in place where people and representatives made comments about their individual care. We could see from records that when people had made comments, such as their preferences regarding food or care, changes were made to show that their views were valued and acted on and changes were made to improve people's experiences. Regular satisfaction questionnaires were provided to people and their representatives to complete. We looked at the last questionnaires received and saw that these provided only positive comments about the service provided.

The registered manager told us about several groups that they were involved with which were run by the local authority. These supported managers to share experiences and ideas to drive improvements across services. The registered manager told us about how they had kept up to date with changes in the care industry and how they planned improvements. They were knowledgeable about the changes which showed that they were committed to keep the service provided up to date and continually improve. For example, they were aware of the duty of candour and their responsibilities associated with this and the new care certificate and had a plan in place to provide this to new care staff. This showed that the registered manager was proactive in finding out about changes and took action to implement these in the care provided to the people using the service. This meant that the service continued to improve and develop.