David Mitchell

Easterlea

Inspection report

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Ratings

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

Overall summary

This inspection took place on 17 February 2015. It was unannounced.

Easterlea is registered to provide personal care and accommodation for up to 19 people. At the time of our inspection there were 17 older people living at the home. The registered manager told us none of them had significant medical conditions. A small number of people were living with the early stages of dementia, but the manager did not consider Easterlea to be a specialist dementia care home.

People were accommodated on two floors. Most people were in single rooms. Two people were sharing and told us they were happy to do so. Another double room had a single occupant. Shared areas of the home included a large lounge, dining area with small tables, and enclosed garden with a pond and paved area.

The manager had been registered with us since 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were not always supported in a way that respected their privacy and dignity. We saw examples of care and support that did take people's privacy and dignity into account but other examples that did not. Staff did not always use people's preferred names in their handover records.

Care and support were provided with the person's consent. Where people lacked capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005. However capacity assessments were not always specific to a single decision as required by the Act. We have made a recommendation concerning capacity assessments.

People were kept safe because appropriate procedures were in place and followed with respect to safeguarding adults. Staff received training in safeguarding and were aware of their responsibilities to identify and report any suspicions of abuse. Risks affecting people's safety and wellbeing were identified and assessed. Staff took steps to reduce the impact of risks to people.

There were sufficient, suitable staff to support people safely and meet their needs. Staff followed processes to make sure medicines were stored, handled and managed safely.

People were cared for by staff who were supported to carry out their duties by a system of training, supervision and appraisals. However, supervision meetings between staff and the registered manager were not always recorded and examples of poor practice were not identified. We have made a recommendation concerning supervision and observation of practice.

People were supported to have a healthy diet which offered a choice of appetizing meals. Where people had specific dietary needs, these were catered for. People were supported to maintain their health and wellbeing by access to healthcare services including their GP, community nurses, dentists and opticians.

Staff developed caring relationships with people and helped them maintain their independence. People had opportunities to participate in decisions about their care and support. Staff were aware of their responsibilities concerning equality and diversity.

People received care and support that met their needs and changed when their needs changed. Care and support plans were focused on the individual and their preferences. They contained information about their life history and interests which was used by staff to support them in appropriate activities and hobbies.

People did not feel the need to make a formal complaint, but they were aware that they could and were confident any complaint would be dealt with properly.

The service had an open and inclusive atmosphere. People were involved in their care and support, and the registered manager was available to both people and staff. Checks and audits were in place to monitor the standard of service provided and the registered manager sought feedback from people, their families and staff by both formal and informal methods.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 arrangements in place to protect people from avoidable harm or abuse, and suspicions or allegations were investigated and followed up.

People's safety and well-being were maintained by appropriate risk assessments.

There were sufficient numbers of suitable staff to keep people safe and meet their care and support needs.

The provider had arrangements in place to store and manage medicines safely.

Good

Is the service effective?
The service was not always effective.

Where people had capacity, care and support were delivered with their consent. However, the provider did not always follow legal requirements where people lacked capacity to make decisions.

Staff were supported to meet people's needs through appropriate training, and informal and formal supervision. However, supervision meetings to support staff were not always recorded and examples of poor practice were not identified.

People were supported to maintain a healthy balanced diet and to access healthcare services to sustain good health.

Requires Improvement

Is the service caring?
The service was not always caring.

Staff did not make sure people's privacy and dignity were respected at all times.

There were caring relationships between staff and people who used the service.

People were involved in decisions about their care and support.

The service promoted people's independence and autonomy.

Requires Improvement

Is the service responsive?
The service was responsive.

Good

Summary of findings

People received care and support based on their needs and took their preferences into account. Their care and support plans were updated in response to changing needs.

People could enjoy various activities, both in a group and individually, based on their interests and hobbies.

People had not needed to make a complaint, but they were certain the service would respond appropriately if they did. There was a formal complaints process in place that had not been used recently.

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

Good 

People were supported in an open, friendly and homely atmosphere and were encouraged to participate in their care.

There was an effective management system with internal checks and audits.

The registered manager used a number of formal and informal methods to obtain feedback on the quality of service provided.

Easterlea

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 17 February 2015 and was unannounced. One inspector carried out the inspection.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke with three people who lived at Easterlea and two visitors. We observed care and support people received in the shared area of the home. We spoke with the registered manager, two care workers, an activity coordinator and the chef.

We looked at the care plans and associated records of three people and medicine records for four people. We reviewed other records, including the provider's internal checks and audits, training records, handover logs and diaries, staff rotas, and five staff recruitment records.

Good

Is the service safe?

Our findings

People felt safe. They told us, "I feel safe and comfortable, happy to be here" and "I am very safe and happy here".

The provider had taken steps to make sure people were protected from avoidable harm. Staff received training in safeguarding adults during their induction, at regular refresher training, and through studying for relevant qualifications and diplomas. Training records were in place to enable the provider to recognise when refresher training was needed.

There was a safeguarding policy in place, and information about safeguarding and where staff could go for support was readily available. This included contact numbers for the local authority safeguarding department.

Staff were aware of the provider's safeguarding policies and procedures. They were able to describe the types of abuse they needed to be aware of, and the signs and indications that might lead to a suspicion of abuse. They were aware of their responsibilities, and confident that if they needed to raise a concern it would be dealt with properly by the provider.

We discussed with the registered manager their processes for investigating and reporting safeguarding concerns. Two recent allegations or suspicions of abuse had been handled according to the provider's procedures and in line with the expectations of external agencies such as the local authority and Care Quality Commission.

The provider managed risks to individuals to maintain their safety and well-being. Risk assessments were in place for a number of risks, including moving and handling, fire or explosion, food preparation, infectious disease, and the use of equipment, such as hoists. The assessments described the risks and graded them according to probability and severity, identified people who were affected, and defined actions to control the risks.

People's care plans contained records of regular assessments of risks associated with their personal care. These included mobility, falls, infection, nutrition and allergies. Actions to control risks were carried out. Staff described how they had made adjustments in a person's room after they were assessed to be at risk of falls.

There were enough staff to keep people safe and meet their needs. People and visitors were satisfied with the levels of staffing. One person said there were "plenty of staff". Rotas showed there were three care staff in addition to the registered manager and deputy manager during the day and two care staff at night. In addition there were catering and cleaning staff and a part time activities coordinator. Staff confirmed these staffing levels were maintained. Absences were covered by employed staff without the use of agencies. Staff told us their workload was manageable, and we saw they were able to meet people's needs in a calm, professional manner.

The registered manager told us the turnover rate of staff was low. If they needed to recruit they did not need to advertise vacancies but enough candidates of the right standard heard about vacancies through the grapevine and by word of mouth. Recruitment records showed all the necessary checks were carried out before successful candidates started work.

The provider had arrangements in place to store and administer people's medicines safely. Staff received training and were signed off as competent by the registered manager before they administered people's medicines. People were able to take responsibility for their own medicines if they wanted to.

People's medicine records included information about allergies, a photograph of the person and images of the tablets they were prescribed. This reduced the risk of people being given the wrong medicine or a medicine which was not appropriate for them. The records we looked at were completed with no errors or gaps. Body maps were in use to show were medicines such as patches should be applied. Where people were prescribed medicines "as required" the time and dose given were both recorded. If the "as required" medicine was not needed or declined by the person, this was recorded so there was a full record of which medicines had been administered.

We saw medicines being administered in an appropriate way. Staff explained, encouraged and thanked people as they gave them their medicines. Where medicines were not administered from the standard bubble pack, for instance eye drops, they checked the name on the label before administering.

Requires Improvement

Is the service effective?

Our findings

People and their relatives were satisfied that staff had the necessary skills to support them, that nutritious and appetising food was served, and that they had access to healthcare services when they needed them. One person said, "The staff know what to do." Another described how their GP and community nurses called regularly to treat them for a long-standing condition.

People told us staff delivered their care and support with consent, and that staff listened to them. Staff were aware of the need to obtain consent and described what they would do if the person declined care that was in their agreed plan. This included giving people more time, and returning later to try again. Staff were aware of which people needed more time than others to understand information and make a decision based on it.

The registered manager and staff were aware of the legal requirements where people lacked capacity to make certain decisions. The Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of people who lack capacity to make particular decisions for themselves. Most people living at Easterlea were considered to have capacity. Some had granted a lasting power of attorney to enable other people to make decisions about their financial affairs or personal welfare. Records showed the provider consulted with the attorneys when relevant decisions were made.

One person's care file contained a record concerning their capacity. It stated, "[Name] does not have capacity to make major decisions". The associated capacity assessment followed the principles of the Mental Capacity Act 2005 but did not state which decision was being considered by the assessment and did not clearly state the outcome of the assessment. The Mental Capacity Act 2005 requires that assessments are specific to a single decision.

We recommend that the provider review all mental capacity assessments for compliance with the Mental Capacity Act 2005 and the associated Code of Practice.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Whilst no-one living at the home was currently subject to DoLS, we found that the registered manager understood when an application should be made and how to submit one, and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Staff had the necessary skills and knowledge to support people according to their needs. People and their relatives were satisfied staff were suitably prepared and supported to carry out their responsibilities. Staff were happy with the training and support they received.

The provider's training policy stated that "following induction, all staff undergo a continuing programme of training in the following subjects: fire, food hygiene, health and safety, emergency aid, moving and handling, and infection control". Further training was offered in diet and nutrition, dementia, coping with aggression, medicines, protection of vulnerable adults and risk assessments. Training records showed staff had attended training according to the policy. The registered manager told us this was a combination of in-house and externally supplied training. All except two members of staff had a relevant qualification or diploma.

The registered manager told us staff had formal supervision meetings three or four times a year with an annual appraisal. Staff confirmed that they had regular supervisions, an annual appraisal, and that they had had a supervision meeting within the last few months. Supervision records showed they covered work performance, training needs, and relationships with people using the service and colleagues. Supervisions were not always recorded. The staff files we saw contained records of one or two supervisions per year. We saw examples of support which did not meet minimum standards for dignity and respect, such as failure to close a person's bedroom door while assisting them with their personal care. These had not been identified by the provider's system of supervision.

We recommend that the provider review their systems of supervision and observation of practice.

Requires Improvement

Is the service effective?

The provider supported people to maintain a healthy, balanced diet. The menu for the week was displayed in the dining area. People were happy with the quality, quantity and choice of food offered. If there was something they did not like on the menu, alternative choices were available. The registered manager told us the menu was reviewed in the light of feedback from people, and as an example they now offered curried chicken as well as chicken casserole. On the day of our visit the registered manager cooked pancakes to celebrate Shrove Tuesday.

The registered manager and staff told us there was nobody considered to be at risk of poor nutrition or hydration at the time of our inspection. Records showed that one person had their food and fluid intake monitored when they lost their appetite due to an infection.

One person was living with diabetes, and their dietary needs were taken into account. Nobody living at Easterlea had particular dietary needs arising from personal preferences or religious or cultural requirements.

The provider supported people to maintain good health through access to healthcare services. Records of visits by and appointments with healthcare service providers were kept in people's care files. They showed people could see their GP or a community nurse when necessary. Appointments were made with providers such as opticians and dentists.

Staff felt they had good service from the local GP practice and community nursing team. They also told us of examples where people were admitted to hospital when they could not be treated at Easterlea, and where people had physiotherapy to assist their rehabilitation.

Requires Improvement

Is the service caring?

Our findings

People described staff as "caring", "friendly" and "very helpful". People were happy with the caring relationship they developed with staff and felt they were listened to and able to make decisions about their care and support.

Although people told us they were happy their privacy, dignity and independence were promoted, our own observations did not always match the positive descriptions people gave us. We found staff did not make sure people's privacy and dignity were respected at all times. During our visit one person was not properly dressed. They were left alone in their room in a state of partial undress when visitors arrived. The visitors had to find staff to help the person dress before the visit could go ahead. Another person was helped to dress by staff in their room with the door open and visible to people walking past in the corridor. A third person's care plan clearly stated their preferred name, but the daily care records regularly referred to them by an abbreviated form of the name. The handover log did not refer to people by name but used their room number to refer to people.

Failure to ensure the dignity and privacy of people at all times was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also saw examples where people's privacy and dignity were respected. For instance, a care worker encouraged a person to go to their room because they needed support which was not appropriate in a shared area of the home.

Staff had caring relationships with people. We observed friendly exchanges between staff and people who used the service. Staff laughed and joked with them and engaged at a personal level. They were aware of people's likes and dislikes, their family history, hobbies and interests. They took time to sit and chat with people when they were not engaged in providing care and support.

The registered manager told us they encouraged staff to develop caring relationships with people and their families. Relatives were encouraged to bring any concerns to the manager. The manager said caring relationships were also fostered by the stability of the care staff team.

Staff we spoke with had been working at Easterlea for several years, and told us this allowed them to develop relationships with people "like their own family". They said there was an easy-going, friendly atmosphere based on teamwork and trust. They got on well with people and could "have a laugh" with them.

People could express their views and were involved in decisions about their care and support. Staff told us people and their families were able to speak freely, and visitors often came straight to them if they had any concerns. People were happy any concerns would be dealt with promptly and effectively if they raised them informally.

Visitors told us people had their own routines and were supported according to their preferences. We observed people getting up at various times and coming into the shared lounge. Staff checked they had had their medicines and asked what they would like for breakfast. One person said they were in a shared bedroom. This had been discussed with them and they and the other person got on well and were happy to share.

Staff supported people to be as independent as possible. People's care plans contained statements such as "staff to promote independence" and specified staff should "assist people" with their personal care and not automatically do it for them. Records showed how one person had been encouraged to regain their independent mobility after a fall.

The provider had policies in place on equality, diversity and discrimination, and staff were aware of them. One staff member said the registered manager was "hot" on human rights.

Good

Is the service responsive?

Our findings

People were happy they received care and support that met their needs. One person told us they had plenty to do and occupy themselves, and they enjoyed the visiting entertainers. Another person told us they liked knitting, and we saw they were able to enjoy this activity during the day.

People's care and support were based on assessments and plans which focused on them as individuals and which were reviewed and updated regularly. Care plans contained a one page profile of the person which included "things that are important to me, what people say they like about me, and how best to support me". The plans also included more detailed information about the person, a photograph, "my life before you knew me", their interests, likes and dislikes, and what made a "good day" or a "bad day". Records showed the care plans were discussed with and agreed to by the person. Staff told us they used this information to help people have their "own routines" and to do things that interested them.

Each person had a "support plan in brief", which outlined their needs with respect to health and wellbeing, communication, mobility, safety and nutrition. This was supplemented by more detailed information which covered these areas and others such as people's emotional needs, end of life preferences, their choices with respect to future treatment, and any behaviours that needed to be supported to keep the person and others safe. Staff told us the care plans contained the information they needed to support people according to their needs and preferences.

People's needs and assessments were reviewed monthly, and a standard form was in place and used to record these reviews. People's medicines were reviewed regularly with their GP and appropriate changes made to their prescriptions. Staff responded to people's changing needs. They had noted concerns in one person's file about their reluctance to move about independently. This had been addressed in their care plan and staff were aware to encourage them to be as independent as possible when they wanted to move.

Systems were in place to ensure people received care and support that responded to their changing needs. Staff kept daily records of care and support provided. They also used a handover file and "alerts diary". Entries in these showed they recorded concerns, changes in people's needs and how they were acted on.

People could pursue a variety of interests and activities according to their own preferences and choices. A regular programme of organised activities included seated exercises, arts and crafts, and music including a visiting harpist. There were regular visits by a hair dresser, and a minister of religion came to the home for those people who wanted to take communion. Equipment was available for informal activities, such as inflatable skittles, CDs and books. A part time activities coordinator came in twice a week. We saw them helping people with individual activities, interacting and giving cues to assist people with what they were doing. Care workers also joined in with people's activities. A television was on in the shared lounge throughout our inspection, but the volume was low, and few people seemed interested in it.

Staff told us people could follow their own hobbies and interests, such as gardening and stamp collecting. Others preferred to reminisce and talk about subjects that interested them. There was a display in the dining area about people's experiences of and memories about knitting and how they first learned to knit.

People were confident any concerns or problems would be sorted out. One said they had "no complaints". Another person had "no grumbles" but was sure the registered manager would resolve any issues if they had to raise them. Staff said if there were any complaints, people would "just tell" them. Staff had confidence the registered manager would deal with any complaints properly. There was a complaints procedure in place, but no complaints had been recorded since July 2013.

Good

Is the service well-led?

Our findings

People were positive about the atmosphere and leadership of the home. One person said it had "a homely atmosphere" and they were "happy to be here". Another said, "It's as well run as can be expected. Things have turned out OK. I am fortunate to be here."

Staff told us it was a friendly place to work and they felt able to go to the registered manager with any concerns or problems. The service welcomed visitors at any time, and the manager told us they had good relationships with people's families. They were also open to comments and suggestions. Visiting family members told us they were always made to feel welcome.

We saw there was a lively, bustling atmosphere in the home with friendly interactions between people and staff. People and their visitors had access to information about various subjects of interest in the hallway of the home. This included leaflets explaining the Deprivation of Liberty Safeguards, opportunities for dental care and information about Alzheimer's disease. The service maintained links with the community outside the home. The day of our inspection was Shrove Tuesday, which was marked by the registered manager cooking pancakes for everyone.

Staff described it as a "family home" which was a "nice size" and they were able to get to know all the people living there. They said they were happy with how the home was run, there was good communication and a supportive atmosphere. They appreciated the registered manager's style of leadership, and were able to be friendly but still professional in the way the service was delivered.

The registered provider visited occasionally and had a formal individual meeting with all members of staff once a year. The registered manager told us this was as a result of learning from experience at another home owned by the provider.

The registered manager's management system included a "client wellbeing / home check audit". This included individual people's state of health and checks on room facilities such as the call buzzer, lights, cleanliness of the room and facilities, any unpleasant odours and any maintenance required. Maintenance tasks completed in response to these checks were recorded. Other checks undertaken included the fire point, shared areas of the home such as the lounge and dining area, stairs and lift, the medicines trolley, adherence to the medicines and staff uniform policies.

Other regular checks included records of areas cleaned, Control of Substances Hazardous to Health (COSHH) assessments, fire escape inspections, fire alarm tests and laundry room monitoring. Most of these records were completed, but some records of fire alarm tests were missing, two laundry room monitoring checklists were incomplete and some COSHH assessments were complete but not dated.

The registered manager told us they had tried different ways to get feedback from people about the quality of the service they provided. Residents meetings and staff meetings had not been effective as they only produced information and comments that were already known from less formal contact with people. The manager said they were always available for people to talk to, but they did not receive many comments about the quality of the service. This was confirmed by staff and people we spoke with.

There was a quality assurance folder which contained information from surveys undertaken in the past to seek people's and their relations' opinions on the service. The registered manager told us people had stopped returning the questionnaires when asked to complete them. They now asked people to submit testimonials on a commercial web site run by an online directory guide to care services. This allowed people to record their opinion of the service as satisfactory, good or excellent in twelve areas such as cleanliness, staff, care and support, food and drink, and safety and security. The manager said they reviewed these testimonials regularly.

Twelve relations of people at Easterlea had completed these testimonials in the last two years, and they judged the service to be good or excellent in most areas. The web site consolidated the judgements into an overall score, which for Easterlea was 9.5 out of a maximum 10. One of the comments on the web site was, "It was my mother's choice to stay at Easterlea Rest home and she is very happy with all the staff and loves the food. I personally find all the staff very pleasant and the food looks great. I have no complaints whatsoever and have every confidence in the management."

Good

Is the service well-led?

The quality assurance folder also contained cards and letters from relations thanking staff for the support they had provided to their family members. Comments included, [Name] is very rested and happy with all the staff", and, "Thank you for looking after [Name] with such compassion and kindness".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The registered person did not ensure the privacy of service users. Service users were not treated with dignity and respect. Regulation 10 (1) and (2)(a)