

County Healthcare Limited

Eastlands Care Home

Inspection report

Beech Avenue
Taverham
Norwich
Norfolk
NR8 6HP

Tel: 01603261281
Website: www.fshc.co.uk

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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 

Summary of findings

Overall summary

About the service

Eastlands Care Home is a residential care home providing personal care to 26 people aged 65 and over at the time of the inspection. Eastlands Care Home is a purpose built-single storey care home that can support up to 35 people.

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

Quality monitoring systems and governance structures were not effective in improving the quality of the service delivered in a timely manner. Gaps and inconsistencies in records relating to people's care meant regulatory requirements in relation to record keeping were not being met. Systems to ensure people's care needs were discussed and reviewed needed to be improved.

Systems to assess and monitor risks were not effective. Risks to people were not robustly assessed and monitored due to gaps in records such as fluid charts and bowel charts. People's risk assessments did not always accurately identify risks. People's medicines required improvements to ensure they were managed safely.

We have made a recommendation in respect to the service staffing levels and deployment of staff. This was because whilst we found staffing levels did not significantly impact on people we found some people waited too long for assistance with their meals and we received variable feedback on staffing levels particularly in the mornings.

We have made a second recommendation in relation to care planning. This was because people's care plans were not person centred and did not provide enough information for staff on how to support people's needs.

We have made a third recommendation in relation to people's nutritional intake. There was limited oversight and analysis of food monitoring records to help assess people's nutrition and fluid intake and people were not always supported to eat.

People did not have access to formal systems and opportunities to discuss and review their care plans. Further work was needed to develop people's leisure and social care plans to ensure activities in the service were delivered in a person-centred way.

A complaints process was in place. Whilst management responded to complaints there was a lack of documented outcomes and actions. People's care needs were not always holistically assessed or planned for in line with best practice. This included in relation to people's end of life care needs.

People's communication needs were assessed however we found improvements were needed in how

information, such as on activities or meals, were communicated to people.

The home environment was clean and well maintained. Infection control risks were managed. The home environment met people's needs, the provider had taken action to ensure areas of the home could be accessed regardless of people's mobility. People were supported by trained and well supported staff.

People's health care needs were supported and people could access a range of health care services. People's capacity to consent to their support was considered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and thoughtful staff. Staff appreciated people's diverse backgrounds and used their knowledge of people to support their interactions with them. People were supported with their personal care and their dignity was upheld. Staff supported people's individual interests and hobbies.

There were opportunities for people, relatives, and staff to provide feedback on the quality of the service provided. Staff felt well supported by the management team. The management team had worked with other stakeholders to try to improve the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) The last rating for this service was Requires Improvement (published 8 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe management and care, including in relation to the management of medicines, and good governance.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Eastlands Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a medicines inspector, 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.

Service and service type

Eastlands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives or friends of people about their experience of the care provided. We spoke with nine members of staff including the regional manager, registered manager, deputy manager, assistant manager, two senior care workers, one care assistant, one member of the domestic team, and the chef.

We reviewed a range of records. This included two people's care records in detail and specific care records relating to the care of another five people. We reviewed medicine administration records and associated records for 15 people. We spoke to four members of staff about medicines and observed medicines being given to people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Systems to assess and monitor risks were not effective. Gaps in records such as fluid charts and bowel charts meant risks could not be robustly assessed and monitored.
- Risk assessments did not always accurately identify risks. For example, one person's nutritional risk assessment had been inaccurately completed and had not identified an increase in risk to the person. Where risks were identified there was limited guidance for staff on how to manage these risks.
- Where risks to people's changing health needs had been identified it was not always evident that staff were following these up and reviewing changing levels of risk with health care professionals. For example, one person had fallen seven times in one month, but staff had not considered if the person would benefit from a review by healthcare professionals.

We found no evidence that people had been harmed however, risks were not effectively assessed and monitored which placed people at potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines given by staff were recorded on Medicine Administration Record (MAR) charts. However, we noted there were gaps on the charts that had not been explained and some inaccuracies in the recording, so they did not always confirm people were receiving their medicines as intended by prescribers.
- Written guidance to help staff give people their medicines prescribed on a when required basis (PRN) was available for some but not for all medicines prescribed in this way. In addition, some of the written information available lacked sufficient person-centred detail to enable staff to give people these medicines consistently and appropriately.
- Some medicines that had shortened shelf lives once opened such as containers of eye drops and creams were not being handled in a way that would ensure they were not given to people after their shelf life had expired.

Medicines were not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Members of staff handling and administering people's medicines had received training and were regularly assessed for their competency to give people their medicines safely. Observations of staff giving people their medicines during the inspection showed that they followed safe procedures.

Staffing and recruitment

- During our inspection we observed issues with the deployment of staff. We observed periods of time where people were left on their own in communal areas. Whilst this did not significantly impact people we observed that this meant people were left waiting for staff to be present in the room to request assistance. During the lunch time meal we observed one person had been served their meal but waited 15 minutes before a staff member assisted them with eating.
- There was mixed feedback regarding staffing levels. People told us most of the time they did not have to wait too long for assistance but felt more staff were needed to support people in the mornings. Staff told us that there could be periods of time, for example in the morning or when sickness levels were high, when staff felt more under pressure. No one we spoke with told us this impacted people's care significantly.

We recommend the provider review staffing levels and deployment of staff to ensure people's needs are being met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. Staff understood how to report safeguarding concerns.
- Safeguarding concerns had been reported where required and actions, in consultation with local safeguarding professionals, taken in response.

Preventing and controlling infection

- The environment was clean. Whilst we identified some small areas of malodour throughout the day these were quickly attended to and the malodour was not persistent.
- Staff displayed a good awareness of infection control. A person said, "They clean my room thoroughly every day, they take things off the shelves to dust, it's always clean here."

Learning lessons when things go wrong

- Systems were in place to report and monitor incidents that occurred in the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were considered, and specialist diets were supplied as required. However, we found some improvements were required with ensuring people had enough nutritional intake. We observed one person ate none of their breakfast or lunch and there was no attempt from staff to encourage the person to eat or offer them other options. There was limited oversight and analysis of food monitoring records to help assess people's nutrition and fluid intake.
- Whilst people spoke positively about the quality of the food provided we identified some improvements were needed to people's meal time experience. We observed some disorganisation in the provision of people's meals. This had meant for one person they had been left sitting with their meal in front of them for ten minutes without the support they required to eat it. Another person told us, "[Staff] asked me if I wanted pudding which I did and then they forgot to bring it. A bit later someone came to clear the plate and asked if I'd enjoyed it and I said, "I haven't had it yet." So, she went off and brought me some after a while."

We recommend the provider review how the delivery of meals in the home supports and encourages people with their nutritional intake.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care records did not provide detailed assessments of people's needs and choices. Where people had diagnosed health conditions care plans did not fully assess or consider any associated needs.
- Care plans and assessments had not always been written in line with best practice guidance. For example, in relation to diabetes care.

Staff support: induction, training, skills and experience

- Training was provided via a mix of face to face and online. Management supported staff with their learning and considered additional measures that might need to be taken to supplement staff understanding. Staff spoke positively of the training and support provided.
- New staff received a detailed induction. Staff told us their competency and ability to work on their own was checked.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were supported. Their oral health was assessed and records showed people were supported to access health care services. One relative said, "The staff are very good. If they think

[name's] off colour, they'll arrange for the GP to come and see them."

- Staff worked with health and social care professionals to help them meet people's needs.

Adapting service, design, decoration to meet people's needs

- The building was undergoing a period of re-decoration at the time of our inspection. The provider had reviewed access arrangements for people, doors had been widened for people using wheelchairs and ramps were in place to allow people to navigate thresholds and access the garden area.
- There were two separate communal living areas and a conservatory which offered people additional space and privacy. However, we noted that the home's dining room was small and could not easily accommodate everyone living in the home should they all wish to eat there. The deputy manager told us this was not an issue at the time of the inspection as several people choose to eat in their rooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's mental capacity had been considered in relation to specific areas of their care. Staff were mindful of consent and they need to seek this whilst supporting people. We observed staff check that people were happy with how they were supporting them.
- DoLS authorisations had been applied for appropriately in most cases, however we found one person had been assessed as having capacity to make decisions regarding their care, but an authorisation had been applied for. The registered manager told us this had been applied for in error and they would take action to rectify this mistake.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were thoughtful and caring towards people. We observed friendly and positive rapport between people and staff. One person told us how much they appreciated the care and love they felt was shown to them from staff. A relative told us how their relative, due to a health condition, had to stay in bed for long periods of time. They said, "The carers do their best though. The other week they had a couple in demonstrating dancing and [name] has always loved ballroom dancing. They [staff] got them to come to their room so they could see."
- Equality and diversity training was provided to staff. Staff we spoke with demonstrated an appreciation and understanding of people's individual and unique backgrounds and experiences.

Supporting people to express their views and be involved in making decisions about their care

- Whilst people told us they did not review or discuss their written care plans with staff they felt consulted and involved in their care. One person told us, "I've never seen it [their care plan], but obviously they ask me about my preferences and I assume they keep it up to date."
- There were some additional measures in place to seek people's views so these could inform the support provided such as resident and relatives meetings.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. We observed respectful interactions and staff. A person told us, "The girls are always polite and kind towards me. I think they're respectful."
- Staff supported people to maintain their dignity by ensuring their personal care needs were met and they were well presented. A relative told us, "[Name] can't communicate very well but the carers know they like to pick out what they wear. [Name] likes to look smart and colour co-ordinate. They help them and [Name] always looks well turned out."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were not person-centred and did not provide enough information for staff on how to support people's needs. For example, there was limited guidance for staff on how to respond when people had distressing or communicating behaviours.
- There was very limited information on people's life histories. Providing such information supports the delivery of person-centred care. Whilst this information was not available in people's care records we found staff did know people well. We observed staff interacting with people and making use of this information to aid in their interaction with people.
- There were no formal systems in place to ensure people and their relatives had opportunities to contribute to and review the planning of their care. Whilst we found improvements were required, people told us they felt consulted in regarding their care needs and we found little impact on how their needs were met.
- Some basic information on end of life care and support was recorded for some people. However, this did not contain person-centred information on how people would like to be cared for at the end of their life, including any spiritual or cultural needs. For one person who was receiving end of life care there was no corresponding care plan.

We recommend the provider seeks advice and guidance from a reputable source on person-centred care planning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met; however, we found some improvements could be made to assist people to make decisions, particularly those living with dementia. For example, there was no information on planned activities in the home or pictorial menus.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's leisure and social needs were assessed; however, it was not clear how this information was used to ensure meaningful social activities were provided. However, staff knew people well and this included their hobbies and interests. Staff used this information to help them engage in meaningful conversations with

people. One person told us how staff supported their interests by buying them craft materials and bringing them in to the home for them.

- During our inspection we observed that whilst a Christmas party was taking place later in the day no other opportunities were provided to people. We observed many people sitting with very little stimulation throughout the day. The deputy manager told us an activities co-ordinator had been in post till very recently and they were recruiting for a replacement.

Improving care quality in response to complaints or concerns

- A system was in place to record and monitor complaints or concerns. Whilst we found complaints were appropriately responded to records were not always fully completed as to what actions had been taken in response. Recording such information is important in case complaints reoccur.
- People and relatives knew how to complain but told us they had had no cause to do so. One relative said, "We haven't had to [complain] but I think the carers and senior staff are all very open and approachable."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Whilst quality monitoring systems and governance structures were in place we found these had not been effective in improving the quality of the service delivered in a timely manner. For example, at our last inspection we identified improvements were required with medicines management and the management of risks to people. At this inspection we found the same issues remained and improvements in these areas were still required.
- In other areas we found quality monitoring processes were not effective. For example, the system to monitor applications to deprive people of their liberty had not been effective as it had failed to identify that an application for one person had been made when it was not appropriate or lawful to do so.
- Improvements to records were required. We found gaps and inconsistencies in records relating to people's care. This meant regulatory requirements in relation to record keeping were not being met.
- Systems were not in place to ensure people and relatives were provided with opportunities to discuss their care and support. People and relatives told us they were not provided with opportunities to review and discuss their care plans. Such opportunities support the provision of person-centred care.
- There was no clear formal opportunity for staff on shift to discuss together the support provided to people and ensure changes were communicated. We received inconsistent information from staff on what measures were in place to ensure this.

Quality monitoring systems were ineffective in assessing, monitoring and improving the quality of the service provided. Systems did not support regular feedback from relevant persons, including those that used the service, in respect to the support provided. Regulatory requirements in relation to records were not being met. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour was met when required. Minutes of meetings with people and relatives showed the registered manager had discussed the improvements required in the service and what actions they would take to try to address these.

- Systems such as regular questionnaires on the service took place with people, relatives and visiting professionals. An electronic system was in place which allowed people and relatives to provide feedback on the service as and when an issue arose.
- There were opportunities for staff to provide feedback and discuss the service via staff meetings. Staff told us they felt supported and listened to by the management in the home. One staff member said, "[Management] are always there for me, even if it is Saturday afternoon and I have concerns I have confidence I can call them."

Continuous learning and improving care; Working in partnership with others

- The provider and management team had worked with the local authority to try to address issues in the service. They were keen to develop and strengthen relationships with other stakeholders.
- Systems were in place to help learn from and develop the care provided. People, relatives, and staff told us they felt the management team was committed to trying to improve the service provided. One relative said, "I think so. Three months ago, I think there were too many agency staff. They've made a lot of effort to reduce that and I think it's better than it was."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people using the service were not effectively assessed and monitored which placed them at potential risk of harm. Medicines were not properly and safely managed. Regulation 12 (1)(2)(a)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were ineffective in assessing, monitoring and improving the quality of the service provided. Systems did not support regular feedback from relevant persons, including those that used the service, in respect to the support provided. Regulatory requirements in relation to records were not being met. Regulation 17 (1)(2)(a)(b)(c)(e)