

M D Homes

# Eastbury Nursing 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 ●

# Summary of findings

## Overall summary

### About the service

Eastbury Nursing Home is a care home with nursing for up to 20 people. The home supports people who are over the age of 40 and who have both physical and mental health needs. The home can also care for people who have disabilities or nursing needs as the home provides 24-hour nursing care. At the time of this inspection 18 people were using the service.

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

People were supported by kind and caring staff and people told us they liked living at the home.

The home was clean, and it had a welcoming environment and nice space for people to socialise with each other.

Staff were recruited in line with the providers policies. Staff received training throughout their employment to ensure they had the skills to provide good care and support.

Systems were in place to safeguard people. When risks were identified the home had clear systems to manage the potential risk. People told us they liked the food and they helped to choose the menu. The menu was varied and helped people to have a balanced diet.

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 to access their healthcare appointments. Staff worked in partnership with health care professionals to ensure people had appropriate support. Referrals were appropriately made to health care professionals if people's needs changed.

People's care plans reflected their needs but also their likes and dislikes. Positive behaviour support plans were used by staff to help staff support people and pre-empt incidents. People's privacy, dignity and independence was respected and maintained by staff.

People were supported to engage in a variety of activities which were individualised to their interests and hobbies. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if needed.

The home was well managed, the registered manager had implemented a variety of audits which were completed on a weekly or a monthly basis. If an issue was identified an action plan was developed which was clear and highlighted the work which was required to improve the service.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to

make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used no restrictive practices and supported people in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The rating at the last inspection was good (published 8 April 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Eastbury Nursing 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 one inspector, a member of the CQC's medicines team, 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

Eastbury Care Home is a care home. People in care homes receive accommodation and nursing or personal care has a 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 including notifications we had received about the service since the last inspection. Notifications are about incidents and events the provider must tell us by law, such as abuse. 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 four people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the director, registered manager, deputy manager and the chef. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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. We contacted five professionals who regularly visit the service.

# 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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider had recruitment procedures in place. However, they were not always following these procedures because they did not have a record to show the full employment histories of some of the staff. We spoke with the registered manager about this and they responded immediately during and after the inspection by obtaining this information and forwarding this to us. The registered manager assured us that going forward they would make sure they had this information.
- During the inspection we reviewed three people's recruitment files. Within the files we saw there were references from previous employers and staff had up to date Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.
- There was enough staff to meet the needs of the people who used the service. The staffing levels were calculated on the needs of people. All stakeholders and people told us they had enough staff in place to keep people safe. Rotas showed consistent levels of staffing.

### Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe and protected living at the home. Comments included, "I feel safe because the staff are respectful," and "I have been here for years and the staff are brilliant, they are there for you."
- Since the last inspection the provider had updated their safeguarding policy. The home had raised safeguarding alerts and had operated within their policy. Staff demonstrated a good understanding of their safeguarding policy. One staff member told us, "If I see a mark on a person, I flag it up to the nurse I safeguard the resident. If I notice something I tell people".
- Staff received safeguarding training as part of their induction and ongoing refresher training each year.

### Assessing risk, safety monitoring and management

- People were protected from risks which had been identified. The home completed regular reviews of risk assessments to ensure they were updated after incidents and accidents to minimise the risk of reoccurrence. For example, the home had comprehensive risk assessments in place for supporting people with challenging behaviour and had clear techniques to try and deescalated situations to avoid the risk of an incident occurring. These assessments recorded, along with detailed plans, how to support people to keep them, and others safe.
- The staff completed regular health and safety checks in line with their policy. Where a hazard had been identified, we saw evidence of action taken to keep people safe. The home had window restrictors in place and all radiators were covered. The staff completed regular audits of people's walking frames to ensure they were properly maintained.

- The provider had procedures to manage the risk of fire. The fire alarm was checked weekly and every month there were fire drills and management supported staff to understand their roles if a fire broke out.

#### Using medicines safely

- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely. For example, people who received insulin injections to manage their diabetes had clear guidance and information about how to manage and monitor their diabetes, this included rotation of injection sites.
- People who had their medications via a percutaneous endoscopic gastrostomy (tube into the stomach) had clear directives for staff to follow. For example, flushing of feeding tube to ensure the tube does not get blocked.
- Medication audits were completed on a daily and monthly basis. The registered manager reviewed and analysed the findings of the audits to ensure they took action that may be required to improve medication practices.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff had received training in infection control. The deputy manager was the infection lead for the service and they told us they observed staff to ensure they are operating in line with the policies. An example of this included the manager checking staff were washing their hands correctly.
- The management team also carried out monthly and spot-checks on staff's infection control practices to ensure they were working in a safe way.

#### Learning lessons when things go wrong

- The registered manager was proactive about learning lessons and improving the service. Accidents, incidents and near misses were logged with the registered manager and this was discussed in handovers and at team meetings. The team worked to develop solutions to avoid the risk of reoccurrence. An example of this was the team had introduced a policy for supporting people who were admitted to hospital during the night after they recognised the current policy was not working appropriately.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out assessments before people moved into the service. The registered manager worked in partnership with the local authority and health professionals to ensure the home had the appropriate information to develop care plans that instructed staff on how best to support people.
- People were supported to identify goals and aspirations and staff supported people to achieve these. Staff regularly reviewed people's needs to make sure information was up to date and any changes were recorded with the appropriate action notified to all staff.

Staff support: induction, training, skills and experience

- The staff were supported by the management team. Staff were knowledgeable and skilled in their role as many of the staff had worked in the home for several years. Staff received refresher training every year to ensure they had appropriate training in line with their qualifications.
- New staff received induction and staff told us this helped them become confident in their roles. During the induction period managers held regularly reviews to ensure staff were comfortable with the induction process.
- Supervision was carried out by the deputy manager and we saw evidence of these meetings in line with the provider policy. Staff received an annual appraisal in line with the provider's policy. These meetings were used to reflect on staff performances and we saw evidence of how staff were supported to improve in areas whilst also highlighting areas of good work achieved which promoted a positive outcome for people living at the home.

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

- People were supported and encouraged to maintain a balanced diet. One person who came to the home had a low rating on the malnutritional screening tool and was at risk. This screening tool identifies adults who are at risk of malnutrition. With the appropriate support the person gained weight and was no longer at risk.
- People were happy with the food they received. Comments from people included "The food is very good, and the food is of a very good standard and there is a bit of variety." There were menus on display throughout the home and people were offered a choice of food for each meal time. The menu was varied, and people helped decide on the choices of food offered. The chef had information on people's likes and dislikes and food allergens.
- The registered manager had recently introduced a form which detailed people's food choices. This form helped the chef have up to date information on people's cultural and religious preferences.

- Any risks associated with eating and drinking were assessed and managed with appropriate specialist advice. This included the provision of texture-modified meals and thickened drinks to reduce the risk of choking. We observed lunch in the communal lounge, the radio was on and staff sat and talked to people. Staff working with other agencies to provide consistent, effective, timely care
- The home had good systems in place to communicate people's changing needs. There was handover every morning and this was also used as a forum to share best practice and highlight any concerns or issues. The home had also introduced monthly clinical meetings which were detailed and covered medication, diet, and behaviour care.
- Shift handover notes were detailed and this helped to ensure there was continuity of care and support.
- Staff kept records with people's appointments with different health care professionals and we saw evidence within people's files of attendance at appointments.

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

- The home was welcoming and clean. People's rooms were clean and tidy and personalised to their individual tastes and preferences. Corridors were wide and fitted with rails to aid mobility. There was clear signage in place to help people move around the building. The decorations seemed bright and there were examples of people's colouring artwork posted on the walls and photos of people living there.
- The papers were delivered each day and during the day the radio was on playing music to suit people's individual tastes and preferences.

#### Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals to monitor their health. There was evidence of review of medicines by the home's GP who visited every week and when needed. Each person file contained records of visits from all health care professionals, discharge letters from hospital and test results. We talked to the GP who told us that there was good communication between the surgery and home and other healthcare professionals
- The home was working alongside the local authority to ensure if people were admitted to hospital they had the necessary information to support them appropriately.
- Care plans included information about people's medical history and there was detailed information regarding people's support from mental health services.
- People received regular support from the optician, chiropodist and the home ensured people had yearly visits from a mobile dentist or more often if needed.
- People had oral hygiene risk assessments in place which were reviewed every month. The risk assessment covered information on lips, tongue care, saliva and denture care. Within people's care plan information recorded on how to assist people to brush teeth and use a tooth brush. This helped to show us people's oral health care needs where been met.

#### 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA and they had received training. The registered manager demonstrated a good understanding of the homes responsibilities in this area.
- Staff gave people the information and support they needed to make their own decisions. If people made unwise decisions, this was respected, whilst exploring the impact and consequences of their actions on themselves and others. This helped to show us people were supported in the least restrictive ways.
- The provider had completed MCA assessments for people who lacked mental capacity. The staff made applications for DoLS authorisations when required and we saw evidence within people's files of the home engaging with the local authority about this process.
- Several people in the home had problems swallowing their medicines and we saw that they had best interest assessments to allow their medicines to be given covertly. These were all signed by their GP and pharmacist.

# 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

- People told us they were treated well, and we saw staff interact with people in a caring way. Comments included " Staff are caring and they listen to my worries". People were relaxed and cheerful in the presence of staff. We saw people had a good rapport with staff which was evident when they were talking and laughing together.
- People continued to receive good care and support from staff. One person who came to the home was told by health care professionals they would not be able to speak or walk. With the support of staff this person was able to walk a short distance and can communicate a little.
- Staff knew people well which meant they were offered personalised support. For example, staff recognised a person had an underlying condition which had not been identified by health professionals. With the help of staff this person received the correct support to address their needs.
- During the inspection we saw many times when staff sat with people who became anxious and reassured them.
- The registered manager and staff were aware of the need to ensure people's diversity was respected and catered for. The registered manager showed us how they ensured this was considered when they assessed people for the service, including consideration of a person's individual needs and protected characteristics, for example disability, race or gender.

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

- Care plans included information about people's choices, as well as how best to engage with them. Staff took time to listen to people and provide care in a personal way. One person told us, " I am involved in my care and support. "
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and which they needed help with.
- Staff knew how to support people to access advocacy services if required. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Comments included " Yes, they knock on room doors and " they always call me by my first name. " During our inspection we saw staff supporting people in a dignified way. Staff were attentive and observant of people's needs, they ensured people's walking aids were to hand when people mobilised, so they can move around the home freely.

- People are encouraged to maintain their independence. For example, during lunchtime people were encouraged to eat independently where they were able. One person told us their job was to help set the table and prepare the menus.

## 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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. They told us they were involved in their care plans. People told us staff read their care plans to them and we saw care plans were personalised. The registered manager explained, "It is important for people to feel involve in how their care is delivered."
- People's care plans had detailed information about their health needs. Staff had recorded information on how to support people who had seizures. Care plans included guidance for the staff on how to support people who became agitated or aggressive, including ways to avoid these situations occurring by early interventions.
- From our conversations with staff, it was clear they knew people well. Staff told us about the importance of reading care plans and ensuring information was up to date to ensure people received the best support. Care plans were reviewed monthly and amended more frequently when needs changed.
- Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.

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 communications needs were clearly detailed in their care plans and understood by staff. This included details of any sensory impairment which staff needed to be aware of, and the person's preferred methods of communication.
- Documentation around the home had been printed in an accessible format for the people who lived here.

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

- Care plans recorded information about people's interests and hobbies. People confirmed they were happy with the activities on offer. The home had recently recruited an activities worker who had developed a schedule of activities which catered for people's interests. The activities worker told us, they scheduled activities which reflected people's interests. On the day of our inspection, we saw some group activities but also activities on a one to one basis. The home organised outings within the local community and they were committed to ensuring the costs of these outings were affordable for all people.
- If people wanted to complete roles with the home staff actively encouraged this. One person was supported to bring post from the head office each day. Another person helped set the table for meals.

People were supported to maintain relationships with people who were important to them, during the inspection we saw staff talking to people about their families and recounting stories which were important to them.

Improving care quality in response to complaints or concerns

- There was a copy of the complaints policy readily available for people and visitors to the service. People and their relatives knew how to make a complaint and felt comfortable to do so. The home had responded appropriately to a recent complaint in line with their policy. There were clear processes in place for investigating and responding to complaints.

End of life care and support

- The home had good systems in place for recording people's end of life wishes. Before our inspection a person had died who had lived at the home for many years. Many staff spoke with such fondness and compassion about the person explaining how the loss had impacted on those who lived there. The management team were trying to support people with their grief.

- One person was receiving end of life care. There was evidence of visits by the palliative care. There was detailed information recorded within people's file. If people wished to die within the home the registered manager told us they would always try and respect

## 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home was friendly, and people told us they felt relaxed living in the home. The management team worked very well together. The registered manager and the deputy manager had a positive working relationship, and this was evident during our inspection. They had clear systematic processes in place for managing the home and supporting the people who lived there. Staff told us, the management team was approachable, and they felt they could seek support as and when required.

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it set out specific guideline's providers must follow if things go wrong with care and treatment.
- The home had an effective out of hours system which meant staff could seek support when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the deputy manager were visible around the home. The management team helped support people during meals time and during our inspection we saw staff seek advice and guidance from managers. Staff were encouraged to raise concerns and work as a team to identify solutions.
- Staff told us they felt supported by the provider and the management team. One staff member said, "We work well as a team."
- Notifications of incidents and events which occurred at the service were sent to the Care Quality Commission (CQC) as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home held all staff meeting every three and six months. These meetings were recorded, and notes sent out to all staff. The registered manager used handover as an effective method of cascading information to staff.
- The home held regular meetings for people who used the service. These were used in a constructive way to address issues raised, relatives told us they were invited to attend these meetings and they regularly



received feedback about changes in the home.

#### Continuous learning and improving care

- The provider kept up to date with changes in the health and social care sector. For example, through health and safety alerts issued by the local authority or best practice guidance issued by the CQC.
- The provider has effective systems for monitoring the quality of the service and making improvements. We saw evidence of monthly audits for medication, health and safety, home and maintenance. Any issues were promptly addressed, and an action plan was completed to improve the care people received. We saw evidence of how this was communicated to staff.

#### Working in partnership with others

- The home worked in partnership with a range of stakeholders. The home had good links with the local mental health service and local GP's practice.

The registered manager was able to demonstrate they had a good working relationship with the local authority.