

Bureaucom Limited

Eastfield

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

The inspection took place on 30 April and 1 May 2018 and was unannounced.

Eastfield is registered to provide accommodation and care for up to 43 older people. Offering both residential care and dementia care. Bedrooms are situated on two floors and there is a shaft lift so that they are accessible for people with mobility difficulties. All bedrooms are single occupancy with en-suite facilities. There were 32 people living at the service at the time of our inspection, some of which were living with dementia.

At our last inspection, we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was employed at the service and had been in the position for a period of 18 months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager and an area manager.

People continued to be protected from the risk of harm or abuse. Risks to people were assessed and minimised. There were sufficient staff deployed to keep people safe meet their needs. Staff had been recruited safely. People received their medicines safely from staff that had been trained and had their competency assessed.

People were protected by the prevention and control of infection where possible, with systems in place to ensure the risk of contamination were minimised. Accidents and incidents continued to be managed effectively.

People continued to have their needs and choices assessed when they started using the service, either as respite or on a permanent basis. People received care that was personalised to their needs. People were supported to take part in meaningful activities which they enjoyed. People were encouraged to raise concerns or complaints.

People continued to be encouraged to make their own choices about their lives. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. People and staff were asked for their feedback about the service, with action taken if any suggestions or concerns were raised.

People continued to be given a choice at mealtimes and were able to access drinks and snacks throughout

the day. People's nutrition and hydration needs had been assessed and recorded. Staff and the chef met people's specific dietary needs and support. Staff ensured people remained as healthy as possible with support from health care professionals, if required.

Staff continued to be trained to meet people's needs including any specialist needs. Staff were given feedback, support and guidance from their line manager, through regular supervision meetings. Staff were seen to be kind and compassionate towards people. People and their relatives were involved with making decisions about care and support. People were treated with privacy and dignity.

There was an inclusive, open and transparent nature to the service. The registered manager understood the legal requirements of their role. Systems continued to be in place to monitor the quality of the service being provided to people. There was a range of checks and audits carried out to ensure the safety and quality of the service that was provided to people.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Eastfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 30 April and 1 May 2018 and was unannounced. The inspection team consisted of three inspectors 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. The expert-by-experience for this inspection had experience in care for older people.

The registered manager had completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

Some people were unable to tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas. We spoke with six people about the care and support they received. We spoke with two relatives who gave their feedback about the service. As part of the inspection we spoke with the area manager, the registered manager, deputy manager and four care staff.

We reviewed a range of records. This included three people's care plans and records including care planning documentation, risk assessments, nutrition and hydration information and medicine records. We looked at documentation that related to staff management and staff recruitment including three staff files. We also looked at records concerning the monitoring, safety and quality of the service.

Is the service safe?

Our findings

People told us they felt safe with the staff whilst living at Eastfield. One person said, "The staff make me feel safe." Another person said, "Yes I'm safe, I like it here." Observations showed people looked comfortable with staff, speaking, joking and laughing.

Relatives told us they felt their loved one was safe at Eastfield. One relative said, "It's very safe. We've got nothing but praise for this place, to be honest you compare with friends the different homes. So, we think from what we know that this is a very good home, it was a recommendation." Another relative told us they felt their loved one was safe and Eastfield was recommended to them.

People continued to be protected from the risk of harm and abuse. Staff followed the provider's policy and procedure alongside the local authority protocol regarding safeguarding concerns. Staff continued to receive training regarding safeguarding adults and knew what action to take if they had any suspicions. Records showed safeguarding concerns had been reported to the local authority safeguarding team. The registered manager used a tracking system to ensure any concerns that had been raised were recorded with the action that had been taken, and any outcome. Staff understood the whistleblowing policy and told us they would be confident in using it if the need arose.

Risks to people and the environment continued to be assessed and minimised. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. Risk assessments were regularly reviewed by a member of the management team to ensure staff provided sufficient support to people to keep them safe. Each person had a personal emergency evacuation plan (PEEP) in place, which provided guidance to staff on how to support that person to evacuate the building in the event of an emergency. Risks associated with the safety of the environment continued to be identified and managed to keep people safe. Risk assessments had been completed for each area of the service and, the external walkways and security of the building.

People continued to be protected by the prevention and control of infection where possible. The provider employed domestic staff to ensure an adequately clean and hygienic environment. We observed that staff used Protective Personal Equipment (PPE) such as aprons and gloves appropriately during our inspection. There was a monthly infection control audit that was completed by a member of the management team.

Accidents and incidents continued to be reported by staff in line with the provider's policy. The registered manager investigated any concerns, and changes to care and support were communicated to staff. Care plans and risk assessments were updated to reflect the changes. The registered manager completed a monthly analysis of all incidents and accidents, this enabled any patterns or trends that had developed to be identified and acted on promptly. For example, one person had been referred back to their specialist nurse following an increase in the number of falls they had had.

There continued to be sufficient numbers of staff on duty to keep people safe and meet their needs. Staffing levels were kept under regular review by the registered manager. The provider continued to follow safe

recruitment practices to ensure that staff were suitable to work with people living in the service. Checks had been made against the Disclosure and Barring Service (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with people who needed safeguarding. Application forms were completed by potential new staff. People could have confidence that the staff supporting them were of good character and were safe to work with people.

People continued to receive their medicines safely by staff that were trained, had their competency assessed and followed the providers' policy and procedure. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. For example, a fan was purchased to maintain the temperature of the medicines room when an increase in the temperature had been noted. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions.

Is the service effective?

Our findings

People told us and observation confirmed people enjoyed the food they were offered. One person said when speaking about the meals, "It's not too bad, I've tasted better and I've tasted worse. There is a variety." There was a calm and relaxed atmosphere throughout the lunch service, people chatted to one another on the tables. People were offered a choice of two hot meals, however, people were able to choose other items if they did not like the menu; and were offered more if they wanted. Observation showed there was very little food waste at the end of the lunch service.

Relatives spoke highly of the food their loved one received. One relative said, "I think the meals are wonderful." Another relative said, "There is plenty of food." A third relative told us their loved one had specific dietary requirements which were catered for.

People continued to be provided with the support that they needed to eat and drink enough to maintain a balanced diet. People had an initial nutritional assessment completed when they moved into the service and their dietary needs and preferences were recorded. People were weighed regularly and action had been taken if staff had concerns regarding a person's eating or drinking, such as, monitoring charts for food and fluids, and, referrals to external health care professionals. Dietary requirements for health were provided for such as a fortified diet. The kitchen team were aware of people's specific dietary requirements such as a soft diet or diabetic diet, these were catered for.

Staff continued to work alongside health care professionals to ensure people remained as healthy as possible. Each person had detailed guidance in place which included information of the support from health care professionals and guidance for staff to follow. All appointments with professionals such as doctors, district nurses, dementia nurses and chiropody. Any changes in people's health were identified and acted on quickly by the staff team. For example, staff noticed a change in one person's behaviour and alerted the registered manager; who then sought advice from the person's doctor.

The registered manager and the deputy manager continued to undertake a pre-admission assessment with people prior to and when they started to use the service, for respite or on a permanent basis. The pre-admission assessment considered the person's care and support needs, mobility, nutrition, communication, physical and social needs. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the assessment, and this was then transferred in the care plan. There were equality, diversity and inclusion policies in place for staff to follow, this helped staff promote people's equality, diversity and human rights. There were equality, diversity and inclusion policies in place for staff to follow, this helped staff promote people's equality, diversity and human rights.

The provider used an electronic care planning system which was linked to computer tablets which staff carried. This system enabled staff to record things in real time such as, accidents and incidents and the person's daily records. As a result from feedback from people in March 2018, skype was installed and available for people to use. One person accessed this regularly to speak with their family that lived in another country.

People knew their way around the service, they were able to move around freely. One person was observed going out into the garden to plant some bulbs that had been purchased. They said, "I really enjoy gardening." The registered manager had used signs and pictures to promote people's independence and freedom of movement.

Staff told us they felt supported in their role by the registered manager and the deputy manager. Staff continued to receive regular supervision, appraisals and self-assessments which were carried out by the registered manager and deputy manager. Staff said that they felt well supported and were able to speak openly in these sessions. Self-assessments gave staff the opportunity to feedback how they felt about their roles, what their understanding of their responsibilities were and what could be done better. Staff were also able to feedback any other comments. Supervision meetings reviewed work performance, discussed any training needs, support and development, work targets and standards required. Appraisals were scored from poor to excellent in 20 areas such as reliability, initiative, attitude, understanding of role and aims of the service.

The provider and management team continued to ensure staff had the skills, knowledge and experience to deliver effective care and support. The registered manager used a training matrix to plan training courses throughout the year. Staff spoke highly of the training they received and said they were provided with the skills relevant to their role. One member of staff told us they had started an additional qualification in dementia to gain a greater knowledge of how dementia affects people differently. Staff continued to be trained to meet people's specific individual needs such as, dementia care, epilepsy and catheter care. New staff completed the Care Certificate (this is a set of standards for health and social care workers) during their induction, this gave staff the knowledge they required to complete their role. New staff also worked alongside experienced members of staff before working as part of the care team.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights continued to be protected and staff were acting in accordance with the Mental Capacity Act 2005. The registered manager had carried out MCA assessments with people and/or their relatives for 'less complex decisions' such as, personal care needs and medicine management. We observed staff offering people choices such as, how they would like to spend their time and what would they like to eat and drink. We observed staff seeking permission from people before carrying out tasks such as assistance to the dining room or bathroom. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed that DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. One person said, "The staff are lovely." Another person said, "I like it here, the staff are good and the people are nice." A relative said, "It is pretty excellent, the staff are excellent, very caring." Another relative said, "I find them very caring" when speaking about the staff.

People continued to have their privacy and dignity respected. People told us and we saw staff knocking on doors and waiting for an answer before entering. A relative said, "They treat her with dignity. If we're here they will always knock and ask before entering." Another relative said, "We have no issues with privacy and respect. They are all treated with dignity, and they have a diverse group they are working with." Staff gave examples of how the protected people's privacy and dignity whilst offering them care and support. One member of staff said, "We always ask people before supporting them, don't just do it. I make sure I shut the door and take people to their rooms to talk in private."

Staff were observed responding to people's emotional needs when people were distressed. Staff offered reassurance to a person who had been asking why they had been taken to the service, staff spent time talking to the person; offering continual reassurance and contacting the person's family to offer the person further reassurance. The person appeared visibly calmer after speaking with the member of staff and their loved one. Staff were observed acknowledging people as they walked into or through a room, saying, "Morning [name]" or asking if the person was ok. We observed staff kneeling down to speak with people to maintain eye contact, and we observed staff holding hands with people to offer reassurance. One person when speaking about the staff said, "It's nice here, they have time to sit down and talk to you."

People's care plans continued to contain specific guidance for staff to follow regarding how to meet the emotional support they required. For example, one person's emotional well-being care plan detailed how staff were to offer reassurance and ensure the person received regular visits from the vicar. People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. People were encouraged and supported to remain as independent as they wanted to be. Care plans included details of what people were able to do for themselves and the support they required from staff.

People continued to be supported to maintain as much contact with their friends and family as they wanted. Relatives told us they felt welcomed when visiting and there were no restrictions on what times visitors could call. One relative said, "We come up most days and we are allowed to visit anytime." We observed people having regular visitors throughout our inspection; spending time with their loved ones in the lounge, dining room and the privacy of their bedroom.

People's confidential records relating to their care were kept safe. Staff understood the importance of maintaining people's confidentiality through the providers' induction and ongoing training programme.

Is the service responsive?

Our findings

People told us the staff at Eastfield were responsive to their needs. One person said, "Anything you want done is done." Another person said, "They're a good crowd." A third person said, "Although there's things I don't like, I'd rather still be here." A relative told us they felt the service always felt calm and peaceful, when they visited.

People's care plans continued to be personalised to meet their needs. People and/or their relatives were involved in the planning and delivery of the care and support they required. One relative told us they had been fully involved with their loved ones care plan. Another relative said, "They are great at communication. If [loved one] has a problem they ring you up." People's individual cultural beliefs were promoted by the staff, information and guidance had been recorded in the persons' care plan. A variety of services were held to meet the specific religious needs of people. We observed a member of staff speaking to a person in French which their first language. The registered manager told us they had recently invited an exchange student from France to spend some time speaking with the person. People's care plans were reviewed on a regular basis to ensure the information was up to date and continued to inform staff how to meet their needs. Staff were knowledgeable about how people liked to be supported and used the information contained in people's care plan to meet their needs.

People continued to enjoy a range of activities to meet their needs and interests. Activities included a range of musicians and singers, games, arts and crafts, quizzes, arm chair exercise classes and regular visits from a pet therapy dog. People were also offered one to one sessions with a member of the activities team, this gave people an opportunity to participate in an activity of their choice such as, reading and talking. People were supported to maintain their spiritual or religious beliefs; a local church visited the service on a monthly basis.

People continued to be encouraged to raise concerns or make suggestions about improving the service. Information was available to people and their loved ones on how to make a complaint if they were unhappy or concerned. People were invited to attend monthly resident meetings, these meetings provided people with an opportunity to discuss the service they received, raise any concerns or make suggestions to improve the service. People that had chosen not to take part in the meeting were asked for their feedback on a one to one basis and their answers were included within the action plan. The registered manager used a complaints summary to track any complaints that had been made and record any actions that had been taken. Records showed complaints that had been raised had been responded to in line with the provider's policy, and had been dealt with promptly. For example, one person said that their mattress felt lumpy, this mattress was changed to a new mattress on the same day.

The registered manager kept copies of any compliments the staff had received; these were in the form of letters, cards and emails; thanking the staff. One card read, 'Thank you so much for looking after mum so well. Your staff are all lovely,' Another read, 'I just wanted to say thank you for looking after mum so well. I tell everyone how glad I am that she is with you in Eastfield and how it gives me great piece of mind.' An email read, 'We'd like to thank you for looking after mum so well with so much loving care and good

humour.'

Peoples' end of life care had been discussed with them and/or their relatives and recorded within their pre-admission assessment and then into their care plan. People's wishes had been respected if they had chosen not to discuss things. Some people's care plans recorded specific preferences such as whether they wanted to be buried or cremated, or had chosen a particular funeral directors. The registered manager had recently introduced the role of an 'end of life' champion, this was a member of staff who had received additional support and training to act as a guide and mentor to other staff. Records showed people's wishes at the end of their life had been respected and promoted.

Is the service well-led?

Our findings

People, their relatives and staff told us they felt the service was well-led. People knew who the manager was, and we observed people speaking to the registered manager throughout our inspection. Relatives told us that they felt the communication from the management team regarding their loved one had been very good. One relative said, "They are great at communication, if there is a problem they ring you." Another relative said, "There's tremendous enthusiasm from the top", when speaking about the management team.

Staff told us they felt supported by the registered manager, who was visible and promoted an open culture. Staff spoke passionately about their role and the fulfilment they received working at Eastfield. One member of staff said, "I enjoy making a difference to people and understanding their needs. I like the people I work with, they are a lovely team. I also enjoy the variety of work." Another member of staff said, "There is visible leadership here the registered manager is always on the floor and will help out with personal care if we need help. The registered manager is really supportive and the deputy is too. The carers are really supporting and I'm proud of how far I've come since starting here." Staff told us they felt valued in their role by the registered manager and the provider.

Staff were aware of their role and responsibilities; these had been outlined within their contract of employment, employee handbook and job description. Staff knew who they were accountable to and understood the management structure within the service. The registered manager was supported by a deputy manager that spent time working in the office and time working as part of the care team. The registered manager received regular support from the area manager, who visited regularly to complete audits, provide one to one supervision to the registered manager and to check the safe running of the service.

Systems continued to be in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager on a regular basis including, care plans, medicines management, infection control and training. The area manager visited the service on a weekly basis and carried out monthly audits. The senior management team had developed an annual improvement plan based upon these audits, this included building and sustaining what was already in place and then plans to improve particular areas such as, staff becoming champions and taking a lead role in that area.

People, relatives and staff were involved in the development of the service. An annual survey was sent out via the provider's head office. The results were collated and an action plan was created and sent out to people. Feedback from the 2018 survey showed people rated Eastfield and the service provided as either excellent or good. Residents meetings were held monthly for people, where they were given the opportunity to discuss the entire service people were receiving at Eastfield. Actions from the previous meeting were followed through and new actions were set, such as, adding additional hot food choices onto the teatime menu. Regular staff meetings were held which gave staff the opportunity to give their views about the service and to suggest any improvements.

The registered manager and the management team were clear about their responsibilities and regulatory

requirements. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had an accident. All incidents have been reported correctly. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard.