

Eastcote Care Limited

Eastcote Park Care 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

Eastcote Park Care Home is a purpose-built residential care home providing personal care for up to up to 50 people. The service provides support to older adults and those living with dementia. At the time of our inspection there were 32 people using the service. The home is part of a retirement village which also has self-contained apartments onsite.

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

People spoke highly of the care and support they received from the registered manager and staff. They felt included in the way the home operated and benefitted from the individualised care they received.

The registered manager ensured the home was safe for people. Risk relating to people was assessed and well managed. Medicines were administered safely and there were enough staff who knew people extremely well to provide support. Staff wore personal protective equipment in line with national guidance.

Staff were suitably trained and supported so they could perform well in their roles. People's records were inclusive and kept up to date. 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.

Care plans were developed in partnership with people and their relatives to ensure they were in line with people's preferences, religious and cultural beliefs and values. The home provided a full range of activities chosen by people who used the service to support integration into the home's 'community' and people benefitted from the additional friendships this gave them.

The home was well managed. Governance structures were in place to support the care provided and ensure ongoing quality improvement in the way the home operated. The provider had a strong emphasis on staff sharing its visions and values and this was evident in the open and inclusive culture within the home. Staff loved working in the home and were enthusiastic about the care they provided and felt supported by the registered manager and senior staff.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

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

This service was registered with us on 05 February 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Eastcote Park 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors carried out this inspection at the home and an Expert by Experience made telephone calls to relatives off site. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Eastcote Park Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eastcote Park is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 11 May 2021 and ended on 16 May 2022. We visited the location's service on 11 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, senior staff, care workers, maintenance and housekeeping staff, a chef and the dining services manager.

We reviewed a range of records. This included three people's care records in detail, a specific part of another one, and multiple medication records. We looked at three staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the home and could raise concerns with staff or registered manager when they needed to. One person said, "The staff are incredible people. I'm looked after well."
- Staff understood the whistle blowing process the importance of speaking to keep people safe. Whistle blowing is where people can disclose concerns about any part of the service where they feel dangerous, illegal or improper activity is happening.
- The provider had effective safeguarding systems in place. The registered manager ensured staff received training and understood what to do to keep people safe from harm.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and assessed and care plans contained risk management plans for staff to follow to keep people safe.
- Risk assessments were reviewed regularly to ensure any changes in people's care and support was included in their care plan.
- Where people could demonstrate anxiety or agitation, there was information in their care plan to guide staff as to how to distract and redirect the person to support their emotional wellbeing.

Staffing and recruitment

- On the day of our inspection visit there were enough staff to monitor people and respond to their individual needs and requests. One staff member said, "The staffing levels here are perfect, we're so lucky."
- The registered manager ensured there were enough staff to meet the needs of people living in the home and to keep them safe.
- The registered manager ensured staff were recruited safely in line with the provider's policies and procedures. There was a strong emphasis on recruiting people who shared the visions and values of the provider.

Using medicines safely

- Medicines were received, stored and administered safely.
- The electronic medicines administration and management system had several safety features. This ensured people always had their medicines available to them and surplus stock and wastage of medicines was minimised.
- Some people were prescribed medicines that were to be taken 'as required'. We found clearer, more person-centred guidelines would ensure these were always given consistently. The deputy manager assured us the guidelines would be reviewed following our inspection visit.

- Some people were given their medicines in a patch applied directly to the skin. There was no system of daily recorded checks to ensure the patches remained in place and staff were not consistently recording the site of application. Systems were immediately implemented to improve the management of patch medicines.
- Staff received training in safe medicines management and the provider's system of daily checks ensured any errors were swiftly identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had no restrictions in place and people could visit when they wanted to.

Learning lessons when things go wrong

- The registered manager had systems and process in place to monitor incidents, accidents and complaints which showed that learning and actions had taken place, and this had been passed on to staff.
- The provider had an electronic system in place to monitor all of their homes and used this to track the quality of each service and feedback if actions were required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Assessments of need were carried out prior to people moving into the home and ensured the provider had the necessarily skilled and experienced staff to care for people safely.
- The registered manager told us the needs of people currently living in the home were considered as part of the assessment process.
- Assessments were used to develop care plans based on current best practice and incorporated recognised risk management tools.

Staff support: induction, training, skills and experience

- Staff training was up to date. Staff said training was good and easy to access. All staff had received training which was specific to the needs of the people they cared for. One staff member said, "I am doing an NVQ level 3 [Care Certificate] which is really nice. They [provider] do push you to learn and the registered manager is so supportive". The Care Certificate is an agreed set of standards which define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager and senior staff carried out spot checks of staff practice to ensure staff were competent and had the skills necessary to support people.
- The registered manager ensured new staff received an induction training and worked with experienced staff for as much time as they needed before being included on the rota.

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

- People were supported to eat and drink enough to maintain their health and were given a choice of meals to suit their personal preferences and encourage them to eat well.
- Snacks and drinks were readily available and people's personal routines for when they wanted to eat were accommodated.
- Staff had immediately accessible information about people's specialist diets, allergies or risks to their health. There was recorded detail of both food and fluid intake for those people identified at risk of poor nutritional intake.
- Staff monitored people's appetites and weight and consulted other healthcare professionals if a risk was identified. Staff working with other agencies to provide consistent, effective, timely care

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

- People received external, specialist healthcare support when they needed it. Staff and management

worked closely with other professionals to ensure people received the right support for their medical needs.

- The registered manager was following the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. Oral health care plans detailed what support people required to maintain their oral health.
- When people were admitted to hospital information was sent with them which informed other health professionals about the person's current care plan and any immediate risks to their health and wellbeing. It also detailed the person's nutritional intake over the previous 24 hours, so hospital staff had an accurate picture of how the person had been.

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

- The top floor of the home supported people living with dementia, but there was nothing to help people identify individual bedrooms such as photographs or memory boxes. The registered manager told us people currently living in the home did not require visual prompts, but these would be introduced if a need was identified.
- The home was purpose built and offered people a range of facilities including lounges, private dining areas, a gym and a hairdressing salon.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where the provider had reason to question a person's capacity to understand information relating to a significant decision, their capacity in respect of that decision had been assessed.
- Records showed previous knowledge of the person, and the views of their relatives, were considered to ensure any decisions taken were in the person's best interests.
- Staff worked in accordance with the principles of the MCA. They offered people choices and we saw people making their own decisions about how they wanted to spend their day.
- The registered manager ensured DoLS were in place appropriately and fully documented. The home had one person with a DoLS in place at the time of the inspection and five which were being processed by the local authority.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were very happy with the care they received. They said staff were like 'best friends' and all felt they received a high standard of care.
- The provider had created an environment where people were encouraged to spend time together and form new friendships. We saw people sat and talked together and enjoyed each other's company.
- Care staff were thoughtful in their approach. One staff member facilitating an activity realised a person was hard of hearing. The staff member moved their seat next to the person so they could hear well and fully participate and enjoy the activity.
- One person could become anxious when other people were exiting through the door. We saw a staff member pre-empted a situation and engaged the person's attention in a very positive way. The person remained happy and content.
- Staff told us how they had supported and encouraged people to return to hobbies they used to enjoy such as playing a musical instrument or supporting them to make contact with old friends often doing this in their own time because, "It's about bringing the best out of them [people], picking up what's personal to them [people]."

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

- People said they could easily speak up and knew they would be listened to. They described the registered manager as 'supportive and approachable'.
- People were able to give feedback about the home through the residents' forum. This included comments about the menu where changes were made in response to people's feedback such as having individual salad bowls and more choice of dressing.
- Care plans were written with compassion and recorded how events in people's past could impact on their current emotional wellbeing. People told us they were involved in writing their care plans.
- The provider ensured people had information about independent advocacy services who could help them to have their voices heard.

Respecting and promoting people's privacy, dignity and independence

- People were very happy with the care they received. They said staff were like 'best friends' and all felt they received a high standard of care.
- The registered manager and their team promoted a strong culture based on respecting people this was evidenced in the way care plans were written and observations of the way support was being delivered to people during the inspection.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans reflected people's individuality and people were encouraged and supported to follow their own preferred routines.
- Staff updated care plans as people's needs and choices changed.
- The registered manager audited care plans and the daily records and gave feedback to staff about the quality of these, so they were continually being improved and easy to use.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Accessible information could be made available in alternative formats if people needed it.
- People's sensory needs to support good communication were recorded in their care plans.

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 were encouraged to engage in a wide range of activities to enable them to follow their interests and develop new ones. There was an event programme designed to promote physical, social and mental wellbeing which included coffee mornings, chair exercises, quizzes and a comedy club.
- The design of the home offered people alternative areas and experiences such as a cinema, hairdressing salon, private dining room, gym and bar area. There were items to engage people's interest and promote conversations in the communal areas.
- People's spiritual needs were met. On the day of our inspection some people enjoyed a religious service led by a visiting cleric.

Improving care quality in response to complaints or concerns

- People knew how to make complaints. Information was available for people around the home and as part of their introduction to the home.
- Staff understood their responsibility to support people to raise concerns or complaints.
- The home had not received any complaints, but processes were in place so if one was received it would be responded to in a timely manner.

End of life care and support

- People's care plans included the Recommended Summary Plan for Emergency Care and Treatment form (ReSPECT). This plan provides clinicians with information about whether attempts at resuscitation should be undertaken for the person.
- We found further information in respect of any religious, cultural or personal wishes would ensure people spent their final days as they wished to. The registered manager had identified this as an area for improvement and assured us sensitive conversations would be had with people to capture this information.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were positive about the registered manager and the culture of the home which we saw was open, friendly and inclusive. One relative said, "Everyone knows my name which has started to make me feel like extended family."
- Staff told us the home was well-managed. They used words such as supportive and approachable to describe the registered manager and senior staff and one said they felt able to give feedback because, "Managers really listen to me".
- The registered manager had regular meetings with staff to discuss the delivery of the service. Meeting notes showed areas such as training, staffing and risk were discussed.
- The registered manager used people from outside the home to provide and support activities such as the local church which added to the open and inclusive culture of the home.

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

- Relatives told us the registered manager and staff contacted them if there was a concern about their relative. One relative said the home could have been quicker to respond to requests for making referrals and to report concerns.
- The registered manager understood his responsibilities in relation to the duty of candour regulation and the action that should be taken when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The service had a registered manager who was supported by a deputy. They received support from and input from the provider so there was always cover in the registered managers absence.
- Staff enjoyed working for the home. They felt well supported, received good levels of training and were included through regular individual and team meetings
- The provider has a strong emphasis on governance which was managed well by the registered manager and senior staff.

Working in partnership with others

- The registered manager and staff ensured each person had the right professionals involved in their care

and support, so they felt safe and happy this included a local GP and other healthcare professionals.