

Mrs Christine Lyte

Eastwood House

Inspection report

Eastwood Care Home
7 Eastwood Avenue
Grimsby
Lincolnshire
DN34 5BE

Tel: 01472278073

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Eastwood House is a residential care service providing personal care to a maximum of 19 older people, some of whom are living with dementia. At the time of this inspection there were 14 people using the service.

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

People living at Eastwood House were happy and well cared for. Since the last inspection, there had been improvements in the management of risk, safe staffing levels, management of medicines, staff training and the quality of care records.

Consent records mostly demonstrated 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. People's choices were respected by staff.

The provider had introduced a new quality monitoring system, but some recent improvements needed to be embedded and sustained. For example, the recording of the application of the Mental Capacity Act 2005, environmental safety and staff supervision. More robust audits and monitoring were needed to drive improvements around odour management and furniture renewal.

Staff were safely recruited safely. Staff knew how to recognise signs of abuse and were confident reporting any concerns they may have. People told us they felt safe and well supported.

The home was friendly and welcoming. The provider and deputy manager promoted a very person-centred culture. Staff worked effectively together in supporting people's needs and preferences, which had a positive impact on all aspects of their well-being.

Staff were kind and caring and encouraged people to engage with their relatives and friends. Staff supported people to be socially included and participate in activities and events.

People were treated with dignity and respect and their independence was promoted. Communication care plans were in place to support people's communication preferences. Relatives spoke positively about the service.

People ate nutritious, well cooked food, and said they enjoyed their meals. People had access to health and social care professionals when needed and staff followed any guidance provided.

People were given opportunities to express their views and make suggestions, these were listened to and respected.

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

Rating at last inspection

The last rating for this service was requires improvement (published 27 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Eastwood House

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

This inspection was carried out by one 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

Eastwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. They are also the provider and are legally responsible for how the service is run and for the quality and safety of the care provided. We have referred to this person as the provider throughout the report.

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 this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four visiting relatives for their feedback about the service. We also spoke with seven members of staff including the deputy manager, team leader, three care workers, the housekeeper and the cook. We spent time in the communal rooms observing care support and staff interactions.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff recruitment files and a variety of records relating to the management of the service, including audits, supervision, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess and mitigate the risks relating to the health safety and welfare of people and ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood when people required support to reduce the risk of avoidable harm. Accurate risk assessments were in place and care plans contained directions to guide staff on how to consistently and safely meet people's needs.
- The provider had introduced new monitoring systems to ensure the premises were safe. However, we found a safety latch had not been fitted to a bedroom window on the first floor and this was addressed during the inspection.
- Staff responded to any accidents or incidents; they checked if people had been injured and helped them to get medical attention if needed. Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- People received their medicines as prescribed. The team leader had made improvements to the medicines systems. Regular audits helped make sure medicines were stored, recorded and administered safely.
- Personalised protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines were required.

Staffing and recruitment

At our last inspection the provider had failed to ensure there was sufficient staff available to meet people's needs in a timely way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People received patient and unrushed care and support when needed. One person said, "Yes, there's plenty of staff. If you call out, they always come to you." A relative said, "We always see staff sitting and

talking to people. Yes, all tasks are completed and often staff have to wait until [Name] is compliant."

- The provider and deputy manager monitored staffing levels to ensure they were appropriate to meet people's needs. Staff confirmed there was always enough staff on duty.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Systems and processes to safeguard people from the risk of abuse

- People were seen to be very relaxed with staff and those who were able to, told us they felt safe. One person said, "Yes, I feel safe here and staff definitely listen to us."
- The provider had effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it.
- Safeguarding incidents had been reported to the local authority and the CQC appropriately.

Learning lessons when things go wrong

- The provider responded appropriately when accidents or incidents occurred. Trends and patterns were monitored and to make sure appropriate action was taken to reduce risks and prevent a reoccurrence.

Preventing and controlling infection

- Standards of hygiene had improved. Earlier in the year, the community nurse for infection prevention and control had completed an audit and found concerns with standards of hygiene. The service was very clean when we visited, although malodours were present in some areas.
- Two en-suite toilet areas had been carpeted recently and we asked the provider to review the suitability of this flooring to ensure effective standards of hygiene could be maintained.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure consent had been obtained in line with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- The deputy manager had made appropriate applications to lawfully deprive people of their liberty. When these were authorised, they were monitored and requests for renewal were completed in a timely way. The deputy manager had worked closely with the DoLS team at the local authority and people's advocates to ensure ongoing changes in people's support was in line with the MCA.
- Where people lacked mental capacity to make particular decisions, processes were generally followed to ensure decisions were made in the person's best interests. Some people's consent records were updated during and following the inspection to ensure they were decision specific.
- Staff gained people's consent before providing care and support.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider improve staff training and support. The provider had made improvements.

- People were supported by experienced and competent staff. Staff received refresher training to support them in their role. Some new on-line training courses were available for staff to access.
- The training matrix was not up to date, although we received confirmation the outstanding training had been completed or booked following the inspection.
- Staff felt supported in their role. The deputy manager worked with staff and observed their practice; they received feedback on their performance. There were still some gaps in the supervision and appraisal programmes and the deputy manager had put in new timetables to address the shortfalls.

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

- People's needs were assessed before moving to the service. Information was sought from the person, their relatives and from care professionals which informed staff about the care people required.
- Staff understood and promoted equality and diversity. Protected characteristics under the Equality Act (2010), such as disability and religion, were considered as part of assessment and care planning.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat nutritious food and maintain their hydration. Health professionals had been contacted for guidance or to complete assessments when concerns were identified.
- Staff regularly offered, or people could access a choice of refreshments themselves throughout the day. People told us they enjoyed their meals. One person said, "The dinners are always very nice." A relative told us, "I think the food is fine, [Name] often has two, sometimes three puddings so must enjoy it. The staff always ask people if they want a snack."
- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice. One person told us, "It's easy to see a doctor, one is coming to see us tomorrow. The optician and chiropodist also visit now and again."

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

- The environment met people's needs. Areas had been redecorated and refurbished, although there was some worn flooring and furniture not identified on the renewal programme.
- People's rooms were personalised to their own tastes. People had a personalised picture or photo on their bedroom door to make their private space easier to recognise.

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 requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People received dignified care and support and staff were mindful of supporting people to maintain their privacy. A person explained, "The staff are very good at preserving privacy if they help you in the bathroom" and a relative told us, "All the staff are very aware of protecting [Name's] dignity."
- Staff were respectful in their approach and people told us staff followed their individual routines. Comments included, "I usually choose to go to bed about 10pm and get up about 8am, staff know my routines well" and "I can have a bath or a shower whenever I want."
- Staff encouraged people to regain and maintain their independence. A person explained, "Yes, the staff are very kind and helpful. I didn't have a walker until I came here, it's marvellous, I can't imagine life without it now."

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

- People were treated with kindness. People were positive about the staff's caring and compassionate attitude. Good relationships had been fostered between staff, people and their relatives. Everyone valued their relationship with staff. Comments from people and relatives included, "All very kind and caring staff; I can ask them anything" and "Very kind, you could almost say loving the way they [staff] care for [Name]."
- The deputy manager and staff worked hard to ensure a person-centred culture. They showed genuine affection and concern for people and demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them. A relative said, "The way [Name] is treated is outstanding. Staff take time to talk to everyone."
- There was a friendly and homely atmosphere. Relatives could visit without restriction and were greeted warmly by staff.

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

- Staff understood people's communication preferences and used their familiarity with people to help them communicate their wishes and views.
- Staff worked with people and their families to ascertain how they liked to be cared for. A relative said, "The family are involved, and we have annual meetings to update the care plan. The staff are quite fluid in adapting the support to suit [Name's] needs."
- People were supported to access advocacy services or had support from their family with making decisions.

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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure governance and record keeping processes were effective in maintaining an accurate, complete and contemporaneous record in respect of each person using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Care records were detailed, up to date and reflected the care being delivered. When people's needs changed, their care and support was assessed and amended in their care file. Two people's behaviour support plans were updated during the inspection to give staff more direction on their approach.
- People received person-centred care. Staff interactions showed they knew people well understood and met their individual needs. A relative told us, "Staff are very good at working with [Name's] moods. Staff will often ask [Name] something and if the answer is 'No', they will come back later and try again. Care is very person centred."
- People and their representatives were involved in twice yearly reviews of their care.

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 identified, and reasonable adjustments were made.
- Information in people's care plans supported staff to understand people's forms of communication.

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

- Staff supported people to maintain relationships with their family and friends. A neighbourhood cat visited daily and was much loved by people who used and visited the service.
- Social activities were based on what people wanted on the day, although there were planned activities for the week. People enjoyed chair exercises, table games, skittles and entertainers came into the service

offering musical afternoons. We spoke with the deputy manager about expanding the range of activities offered.

- The activities person carried out one-to-one interactions with people such as reminiscence, nail care and ensuring everyone had quality time spent with them.
- People engaged in activities that supported their faith, one person enjoyed listening to bible readings and hymns on their tablet computer.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they wanted to. One person advised, "I would speak to the deputy manager, but I've never had a complaint."
- The complaints process was displayed in the service. No complaints had been made since our last inspection.

End of life care and support

- People's end of life care wishes had been discussed with them.
- Staff understood the importance of providing good end of life care. They liaised with healthcare professionals and ensured people were comforted and had company when they needed it. The service had received positive feedback from relatives. One person had written, "The staff went above and beyond; every time we visited there was relaxing music being played and it was lovely and peaceful."

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; Continuous learning and improving care

At the last inspection, the provider had failed to robustly monitor and improve the quality and safety of the service. There was also a failure to ensure accurate and complete records were kept for people who used the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had made positive progress to address concerns identified at the last inspection. For example, improvements with safe staffing levels, management of risk, management of medicines, staff training and the quality of care records.
- Some recent improvements needed to be embedded and sustained, for example, when recording the application of the Mental Capacity Act 2005, environmental safety and staff supervision.
- More robust audits and monitoring were needed to drive improvements around odour management and furniture renewal. The provider and deputy manager recognised some audits were limited in scope and all action plans needed timescales for improvements to be completed. They said this would be prioritised moving forward.
- The provider had made more regular visits to the service to oversee the day-to-day management and provide additional direction and support.
- New accident and incident analysis tools assisted the management team to look for patterns and trends. Learning was shared with staff to help reduce the risk of them happening again.
- The Care Quality Commission and other agencies received timely notifications of incidents, which affected the safety and welfare of people.

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

- People benefited from a very caring and person-centred culture within the service. Comments included, "We looked at 33 care homes before deciding to bring our relative here" and "We wouldn't have [Name] anywhere else, we will never move them from here."

- The service was welcoming and friendly. Staff morale was high, and the atmosphere was warm, happy and supportive.
- Staff told us they felt listened to and that the deputy manager and the provider were approachable. They worked as a team to deliver high standards of care.

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 provider understood their responsibility to be open, honest, and apologise to people if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were included in the development of the service. The deputy manager held regular meetings with people and sent out questionnaires to find out their views. They improved the service in the way people wanted.
- The provider encouraged diversity and respected all people with equal consideration.
- The service worked well with other organisations and supported people to access community facilities and healthcare services.