

# Optima Care Limited

# Eastry House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Eastry House is a care home providing personal care to 15 older people living with learning disabilities and dementia at the time of the inspection. The service can support up to 22 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 22 people. 15 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. The service is based in a small village with good access to the community including the church, shops and hair dressers.

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

People did not consistently receive person centred care, for example one person told us they would like to visit their place of worship but had not been supported to. Some interactions we observed were not person centred, and the manager told us they were working to provide staff with more person-centred training.

People told us they felt safe and well supported at Eastry House. Risks to people had been identified but not consistently mitigated through detailed guidance for staff. For example, care plans lacked instructions for staff to follow if someone living with diabetes became unwell. Management had identified documentation needed updating, however work to improve this was slow and risks to people had not been prioritised. People were supported by sufficient numbers of staff, but in some cases, staff were new or agency staff, who would benefit from detailed care plans and risk assessments.

Medicine management did not follow best practice for creams and ointments, but other medicines were managed safely, and plans were in place to improve this practice. Although the service was clean, people told us of infection control risks, including chairs that needed deep cleaning, and commodes which needed replacing.

People told us they were treated with dignity, compassion and respect. Most of the interactions observed were positive and it was clear staff knew people well and understood how to meet their needs.

People's needs were assessed and when their needs changed, staff organised for involvement from the relevant healthcare professional.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service did not always reflect the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support did not always focus on them having as many opportunities as possible for them to gain new skills and become more independent.

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 last rating for this service was good. (Published 31 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We have identified breaches in relation to the governance and quality assurance processes at this inspection. Please see the action we have told the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Eastry 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

The inspection was carried out by one inspector.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. A manager had made an application to be registered with the CQC.

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with

five members of staff including the manager, deputy manager, and care workers.

We reviewed a range of records. This included two 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 were reviewed.

After the inspection

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

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- Risks to people had been assessed however action to mitigate risks was not always effective. For example, one person was living with diabetes. Their care plan contained very limited information about what support the person needed, when they needed support with insulin administration, what to do if they were unwell, and what the person's upper and lower blood sugar levels should be. Staff we spoke with were not clear on what the person's optimum blood sugar levels should be.
- Another person was living with epilepsy. Their care plan did not detail what kind of seizures they had, when to call for support or if the person had any rescue medicine to administer.
- One person needed support to transfer safely. We observed staff supporting this person to transfer safely with the use of a hoist. However, detailed guidelines of how to support the person to transfer safely were not in place to help ensure that they would receive consistent support.
- Another person's care plan stated they needed support from staff three times a day to manage a healthcare condition. Daily notes reviewed confirmed this was not occurring. Staff told us they were in the process of asking for a referral for the person, who no longer needed the support, however this was not clear within their care plan.
- The lack of detailed guidelines for staff to follow placed people at risk of not receiving the appropriate care and treatment.

The provider had failed to monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. □

### Preventing and controlling infection

- Areas of the service were in need of deep cleaning. For example, furniture within the lounge was stained and in need of cleaning or replacing. Equipment such as shower chairs were rusty, and commodes in need of replacing. The manager was able to demonstrate they had sent quotes to the provider to consider, however these were yet to be replaced. This is an area for improvement.
- There were domestic staff employed at the service to keep areas clean and tidy.
- Staff had received training in infection control, and we observed them wearing protective equipment such as gloves and aprons when supporting people.

### Using medicines safely

- Medicines were not consistently managed safely. For example, prescription medicines including creams

and ointments had not been consistently dated when opening to ensure they remained effective within their shelf life.

- Medicine administration records (MAR) for prescribed creams and ointments had not been consistently completed. The manager had identified this issue was mostly occurring at night and spoke with night staff and introduced a new system for completing MAR at night.
- People had creams and ointments stored in their rooms but had not been risk assessed or identified as being able to self manage their medicines. There was an increased risk that they could swallow the creams and ointments. We agreed with the provider this was an area for improvement.
- Other medicines were stored and managed safely. People told us they received their medicines when they needed to, and told staff if they were in pain, or needed 'as and when' (PRN) medicines. There was clear guidance in place, so staff knew when people might need these medicines and how much they should take.
- Staff had received training and had their competency to administer medicines checked by a senior staff member.

### Staffing and recruitment

- The provider had not completed all necessary checks on staff before they started working at Eastry House. For example, recruitment files we reviewed for staff most recently recruited did not contain full and complete work histories for all staff. We discussed this with the manager, who confirmed there was a project being undertaken to ensure all staff recruitment files had been reviewed and complied with the regulations. This is an area for improvement.
- People told us there were sufficient numbers of staff to meet their needs and keep them safe. Managers assessed the number of staff needed based on people's needs.
- We observed staff had time to sit and chat to people, and when people needed support they did not have to wait for support.
- Since our last inspection the manager had changed the rotas. Staff told us this helped to improve consistency on shifts and increased the morale of the team.

### Learning lessons when things go wrong

- Staff documented accidents and incidents when they occurred. The manager had implemented a new system to review when accidents and incidents happened.
- The manager had oversight of incidents when they occurred and put action into place to try to avoid the incident re-occurring. For example, when someone was found with a small cut, the manager and staff reviewed the environment to see if they could identify the cause of the cut and prevent others from potentially cutting themselves.

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

- The registered manager and staff understood their responsibilities to keep people safe from abuse. One staff member told us, "I would report any concerns, if it was management I would go to head office or cqc, if it was staff I would report to the manager or deputy."
- Staff had received training on safeguarding and were able to tell us confidently the signs and changes they would recognise in a person if there were safeguarding concerns. This included changes of behaviour, as well as physical signs such as bruising.
- When concerns had been raised, the manager shared these with the local authority safeguarding team as required.
- People told us they felt safe living at Eastry House as there was "always someone around."

# 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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Not all areas of the service were well maintained. For example, the communal areas, including the lounge, hallways and bathrooms were in need of redecorating. The outside of the service looked tired with window frames needing painting and there was a broken window at the front of the property. One person told us, "Outside its filthy, it needs painting." The manager told us people's bedrooms had been prioritised, and we saw quotes had been sent to the provider for improvements in some areas. We agreed this is an area for improvement.
- There was limited signage for people living with dementia, although this was an area the manager had identified and was working to improve, for example with the implementation of an accessible menu board to display food choices.
- Since our last inspection people had been supported to have their bedrooms redecorated. People had been supported to choose the colour of their room, and any soft furnishings. One person told us they liked their new room because; "I have a new bed, new lampshade, new lino. New bedding."
- People had access to a communal lounge, linked to a dining room. There was an activities room which people used to do arts and crafts, which led out to a paved garden.

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

- Before moving into the service, people's needs were assessed by the manager or deputy manager to ensure staff could meet their needs, and check compatibility with those already living at Eastry House.
- Staff and the management considered people's personalities when assessing potential new admissions, to ensure they would complement the people already living at Eastry House. Two people who had lived together previously and were known friends were supported to reconnect at Eastry House.
- The assessment considered people's protected characteristics including, religion, ethnicity and marital status. People's preferred names were noted and referred to within care plans and other documentation.
- The manager had introduced recognised assessment tools to assess skin integrity and nutritional needs since the last inspection in line with good practice.

Staff support: induction, training, skills and experience

- Since the last inspection the manager had reviewed and amended the training matrix, supporting staff to attend regular training. For example, staff had attended the providers manual handling training to ensure they were supporting people to transfer safely. We observed staff supporting people to transfer safely, talking through the process, and taking their time to ensure the person was comfortable and not showing signs of anxiety.

- Staff told us they received a good induction which included shadowing staff. Agency staff we spoke with had a good understanding of the people they were supporting. One agency staff member told us, "On my first day I was given a portfolio of the people, it was quite in depth, gave me a good way to get my foot in the door with the clients." Positive interactions observed with this staff member and people supported this.

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

- People were supported to eat and drink safely. We observed people who needed support with eating and drinking receiving the appropriate levels of support during mealtimes.
- Since the last inspection, the manager had implemented a pictorial food menu, so people could be reminded of the food choices throughout the day.
- People were able to tell us about the food choices they had made, for example one person told us, "I had cornflakes and toast for breakfast, sometimes I have porridge. A lady comes around with a menu. The food is not bad."

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

- People had health action plans, which detailed any support they may need, and what healthcare professionals were involved in their care, for example the GP, neurologist, speech and language therapist (SaLT) and mental health team.
- People had hospital passports created in a pictorial format. This contained information to share with other healthcare professionals in case of hospital admittance, documenting how the person communicates, their medical history and any further information relevant to ensure the person continued to receive coordinated care.
- When people's needs changed, or they became unwell, staff liaised with the relevant healthcare professionals to ensure the person's needs were met. For example, one person had not been assessed by the SaLT team for a number of years. The manager arranged for a new assessment and communicated changes to the person's needs with staff.
- Staff told us they felt confident to support people with long term health conditions. One staff told us, "I'm on catheter care today. I haven't felt as confident at other homes as I do here, because of the training I have been given."

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.

- Since our last inspection the manager had reviewed everyone living at Eastry House and ensured DoLS applications had been made for those who needed them.
- The manager had a log of all authorised DoLS, including any which contained conditions to ensure they were met. One person had conditions on their DoLS and the manager was able to demonstrate these were being met.
- People were supported to make decisions about how they spent their time and what to eat or wear.

# 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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not consistently supported to be independent. For example, one person told us at their previous service they would support staff to set the tables for meals but had not been supported to do this at Eastry House because, "Staff did it all."
- One person told us they used to tidy their room, but that they were not encouraged or supported to do so since living at Eastry House.
- People were supported to use walking aids when required. We observed staff supporting people to walk with their aids, giving them gentle encouragement and reassurance.
- People's dignity was protected. When staff supported them with personal care, they ensured doors were shut and people were covered.
- Staff ensured people's written documentation including care plans were securely stored when not in use.

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

- People told us they were happy living at Eastry House. One person told us, "The staff are nice." A staff member told us, "That's another reason why I like working here, I've never seen people be so well looked after as here."
- People had built very strong relationships with staff, most of whom had worked at the service for a long period of time, and understood people's needs and preferences well.
- We observed people being treated with kindness and compassion. When people needed support or showed signs of anxiety, staff spoke with them to reassure them and reduce any signs of anxiety.

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

- People told us they were supported to make decisions about their care and treatment, including how they like to spend their time.
- Where people wanted, they were supported by their family members to make decisions and express their views. When people did not have loved ones to support them to express themselves, they were supported by advocates. An advocate is someone who supports people to express their views and wishes and stands up for their rights.
- People who were not able to verbally communicate their needs, had communication passports, which detailed how people would present if they were sad, happy, or in pain for example. We discussed these with staff, who showed a good understanding of how each person would communicate their needs.

# Is the service responsive?

## Our findings

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

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

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

- Each person had an individual care plan detailing their needs, and how they preferred to be supported. However, care plans had not been updated for some time, and were not always person centred. The manager had identified that care plans needed updating. At the time of our inspection this was still a work in progress.
- People's care plans did not detail any goals or aspirations people were working towards.
- Some interactions we observed were not person centred. For example, one person asked if they could wear an apron for their lunch. Staff responded, "no, you don't need one," and then proceeded to place an apron on other people, without asking if they wanted to wear one.
- One person's care plan detailed they had a specific faith. They told us they used to enjoy visiting their place of worship but had been unable to since moving into Eastry House. Staff told us the person had not expressed the desire to visit their place of worship, however it was documented within their care plan that this was important to them.

The failure to provide person-centred care, designed to meet people's needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The manager had experience of providing person centred care for people with a learning disability. The manager and deputy were working with staff to improve their understanding of positive behaviour support and person-centred care. Positive behavioural support is a nationally recognised model of care and is seen as the best way of supporting people who display or were at risk of displaying behaviour which may cause harm to themselves or others.

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 had access to information in accessible formats they could understand. Some sections of care plans were available in easy read, and there was easy read information available in relation to complaints and safeguarding for example.
- The manager had implemented a board with photographs of staff, to make people aware of which staff would be supporting them that day.

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

- Since our last inspection, people had been supported to increase their activities. One person told us they enjoyed going to the local church to take part in their coffee morning. People went out on day trips to cafes and the local beaches.
- People were supported to be part of the local community, visiting hair salons for example. Some people had befrienders from the local church, who would visit the service frequently to talk to people about their interests.
- People's loved ones could visit them at any time and spend time with them in their room or the communal areas.

Improving care quality in response to complaints or concerns

- There had been no formal complaints since our last inspection. The provider had a complaints policy which was accessible to people and visitors at the service.
- People told us they would speak with the team leader, staff members if they had any concerns or complaints, but had not had cause to so far.

End of life care and support

- No one at the service was in receipt of end of life care. People had end of life care plans, where they had discussed what the person wanted at the end of their life, and if they had funeral plans in place.
- People and staff at the service had been supported following the passing of a person. One person was supported to purchase a suit to attend a funeral.

# 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 now deteriorated to requires improvement. 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 time of our inspection, there was not a registered manager in post. This is a condition of the provider's registration with the CQC. The registered manager had left the service in March 2019. A manager had been appointed and had made an application to be registered with the CCQ.
- The provider's internal audits and quality assurance process were insufficient in identifying and acting on issues raised during our inspection. For example, action had not been timely in identifying infection control risks associated to commodes that needed replacing, and communal chairs which were in need of a deep clean.
- The provider had failed to identify that window restrictors were missing from some windows on the first floor. Following the inspection, the manager confirmed that they had reported this issue to the provider and this had been scheduled on the maintenance log.
- The provider and manager had identified that care plans were in need of updating, and did not provide the necessary information, however work to address this had been slow. The provider had employed an agency administrator to support the typing up of care plans throughout the whole organisation. However, we only reviewed one care plan that was in the process of being created in a new improved format. The provider did not have any audits or action plans detailing when the improvements would be made.
- Care plans lacked the guidance and information to inform staff on how to support people with unstable healthcare conditions including diabetes, epilepsy, and with their moving and handling. The service was using agency staff whilst recruiting new staff, and therefore this placed people at risk of receiving unsafe care and treatment.
- The providers quality and assurance processes had not identified that medicines were not always managed in line with best practice. The manager had identified that MAR had not been fully completed, and had put in a system to improve this, however this was in the early stages and therefore we could not be assured this process was embedded and effective. We will check this during our next inspection.
- The providers was aware that staff recruitment processes had not always been followed. The provider had recruited an administrator to review and improve gaps in recruitment processes, however this work was slow. During our inspection we identified the most recent staff to be recruited at Eastry House had not received the necessary checks from the provider before they started working.

The failure to assess, monitor and mitigate risks to the quality of the service is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were a part of the changing culture within the service, and the manager had used their ideas to improve the service. For example, staff had expressed their desire to change the hours worked to provide greater consistency for people and allow staff to have more breaks between shifts. The manager had implemented a new rota to facilitate this.
- People were engaged in the community and took part in local events.
- A healthcare professional told us, "I have always found the service to be efficient, person centred, inventive, caring."
- The provider had requested feedback for suggestions and improvements from people using the service, their relatives and healthcare professionals, however they were unable to evidence these at the time, or following the inspection.

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 had a duty of candour policy, and the manager showed a good understanding of their responsibilities in line with the duty of candour. This requires them to be honest with people and their representatives when things have not gone well.
- When incidents took place, the provider ensured the policy was followed, and issued an apology in writing to the person affected and their loved ones.

Working in partnership with others

- The manager and deputy manager both took part in conferences and forums to build their knowledge and understanding, for example they were part of the skills for care programme and took part in the registered managers forums.
- Staff liaised with healthcare professionals including SaLT, GP and the mental health team when people's needs changed.
- The manager initiated staff working with other agencies such as the local clinical commissioning group to improve staff skills and provide the support that people need.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider failed to provide person-centred care, designed to meet people's needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and mitigate risks to the quality of the service.