

Eastwood Hall Limited

Broad Oaks

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The last inspection was undertaken on 18 July 2018 and one breach of regulatory requirements was made in relation to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered provider to send us an action plan which outlined the actions they would take to make the necessary improvements. The registered provider shared with us their action plan and this provided detail on their progress to meet the required improvements. At this inspection we found that these improvements had been made.

The inspection was completed on the 3 and 5 October 2018 and was unannounced. At the time of this inspection there were 15 people living at Broadoaks.

Broadoaks 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 care home accommodates up to 20 older people and people living with dementia in one adapted building.

The service did not have a registered manager in post, however the manager had submitted their application to be registered with the Care Quality Commission and this was being progressed at the time of this inspection. 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.

Not all risks to people and their care and support needs were recorded and detailed within a care plan document. Though improvements were required, there was no impact to demonstrate people's care and support needs were not being met or people were being placed at risk of harm and their safety compromised.

People told us the service was a safe place to live and there were sufficient staff available to meet their care and support needs. Appropriate arrangements were in place to recruit staff safely. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow.

Staff were able to demonstrate a good understanding and knowledge of people's specific support needs to ensure people were safe. Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines.

Staff now received opportunities for training and this ensured staff employed at the service had the right skills and competencies to meet people's needs. Newly employed staff received a robust induction based on their level of experience in a care setting. Staff felt supported and received appropriate supervision and an appraisal of their overall performance. Staff demonstrated a good understanding and awareness of how to

treat people with respect, dignity and to maintain their independence.

Where people lacked capacity to make day-to-day decisions, we saw that decisions had been made in their best interests. People who used the service and their relatives were involved in making decisions about their care and support and staff sought people's consent prior to providing this.

Where people were at risk of poor nutrition or hydration, this was monitored and appropriate healthcare professionals sought for advice and interventions. People had their nutrition and hydration needs met and the dining experience was positive. People told us their healthcare needs were well managed. Staff were friendly, kind and caring towards the people they supported and the care provided met people's needs.

People and their relatives told us that if they had any concerns they would discuss these with the manager or staff on duty. People were confident their complaints or concerns would be listened to, taken seriously and acted upon.

Quality assurance arrangements were in place and completed at regular intervals. The registered provider and the manager were able to demonstrate an understanding and awareness of the importance of having good effective quality assurance processes in place. Feedback from people using the service and those acting on their behalf were positive about the care and support provided.

We have made one recommendation about the service's care planning arrangements.

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.

People stated they felt safe. Suitable arrangements were in place for managing and reviewing risks to people's safety and wellbeing.

Staffing levels were appropriate and the deployment of staff was suitable to meet people's care and support needs.

The arrangements to manage people's medicines were suitable so that people received their prescribed medication as they should.

Suitable procedures were in place to recruit staff safely.

Is the service effective?

Good ●

The service was effective.

Staff received a range of training to meet people's needs. Staff received a robust induction, supervision and an annual appraisal of their overall performance.

People's nutrition and hydration needs were met and the dining experience was positive.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Staff were friendly, kind and caring towards the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect, dignity and to maintain people's independence.

Is the service responsive?

The service was not always responsive.

The registered provider's arrangements for care planning required strengthening to ensure people's care and support needs were assessed and recorded.

People were supported to participate in a range of social activities.

People knew who they could speak to and how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was well led.

Suitable quality assurance arrangements were in place to enable the registered provider and manager to monitor the service provided and to act where improvements were required.

The service involved people in a meaningful way and worked in partnership with other agencies.

Good ●

Broadoaks

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 3 and 5 October 2018 and was unannounced. The team consisted of one inspector on both days. On the 3 October 2018 the inspector was accompanied by an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

The registered provider submitted their 'Provider Information Return' [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

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 spoke with five people living at the service, three visiting relatives, three members of staff, the person responsible for providing social activities, the service's chef and the manager. We reviewed six people's care files and three staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

Is the service safe?

Our findings

Safe was previously rated as 'Good' at our last inspection on the 18 July 2017. At this inspection, we found that 'Safe' continued to be judged as 'Good'.

People told us staff looked after them well, their safety was maintained and they had no worries or concerns.

Staff had a good understanding of how to keep people safe and ensured people's safety was always maintained. No safeguarding concerns had been raised since our last inspection to the service in 2017. Staff could demonstrate satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

Staff knew the people they supported and were aware of people's individual risks and how this could impact on a person's health and wellbeing. Staff could tell us who was at risk of poor mobility, who was at risk of developing pressure ulcers, who was at nutritional risk, how other's inappropriate behaviours when they became anxious and distressed could impact others; and the arrangements in place to help them to manage this safely. Though the above was positive, not all risks had been identified and suitable control measures put in place to mitigate the risk or potential risk of harm for people using the service. This meant that risks to people were not consistently identified and information about risks and safety were not as up to date as they should be. Although the above records required improvement, we did not find or observe any impact on people's care during our inspection and these were records based issues that needed to be addressed.

People's comments about staffing levels were positive. People told us there were always sufficient numbers of staff available to meet their care and support needs and when assistance was required, staff were prompt and care provided was undertaken without delay. Staff told us there were sufficient numbers of staff to meet people's needs. Our observations showed the deployment of staff was suitable to meet people's care and support needs.

The registered provider's recruitment and selection procedures confirmed that relevant checks had been undertaken to ensure prospective staff were suitable to work with the people they supported. These included the completion of an application form, ensuring the applicant provided proof of their identity, seeking professional and character references, undertaking a criminal record check with the Disclosure and Barring Service [DBS] and conducting employment interviews. Prospective employee's equality and human rights characteristics were also recorded and considered when recruiting staff.

The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late. Our observation of staff practice showed staff undertook this task with dignity and respect for the people they supported. We looked at the Medication Administration Records

[MAR] forms for seven out of 15 people using the service and these showed that each person had received their medication at the times they needed them and these were kept in good order. However, minor improvements were required to evidence where topical creams were required to be applied to people's skin each day. Additionally, one person who self-administered their medication [eye drops] had not been formally assessed to evidence their ability to undertake this task safely. Both issues were discussed with the manager. An assurance was provided that these concerns would be addressed and monitored to make sure this happened for the future.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were monitored and maintained to a good standard. The premises were clean, odour free and staff used appropriate Personal Protective Equipment [PPE], such as gloves and aprons. Staff told us and records confirmed staff received suitable infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and followed food safety guidance.

There was a system in place for recording accidents and incidents. The registered manager and staff understood their responsibilities to raise concerns and report incidents and near misses.

Is the service effective?

Our findings

Effective was previously rated as 'Requires Improvement' at our last inspection on the 18 July 2017. Not all care staff had completed the registered provider's own recommended training or received a robust induction. An action plan was forwarded to us on 4 August 2018 by the registered provider and this told us of the actions taken or to be taken to address the identified shortfalls. At this inspection, we found that the required improvements as detailed above had now been made and 'Effective' was now judged as 'Good'.

Suitable arrangements were in place to make sure staff received training at regular intervals so they could meet the needs and preferences of the people they cared for and supported. Staff training records showed staff had received mandatory training in line with the provider's expectations in key areas and most training viewed was up-to-date. Moreover, some members of staff had received training relating to the specialist needs of the people they supported, for example, pressure ulcer management, diabetes, sepsis and dementia awareness. Some staff had received the opportunity to take part in 'virtual dementia awareness' training. This provided staff with a 'hands-on' interactive training experience to understand the physical and mental challenges faced for people living with dementia.

Staff received an 'in-house' orientation induction and staff were given the opportunity to shadow a more experienced member of staff. Staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme where they did not have previous care experience or had not attained a National Vocational Qualification [NVQ] or qualification undertaken through the Qualification and Credit Framework [QCF]. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

Staff told us they felt supported by the manager and now received formal supervision. Although, the registered provider's expectation was that supervisions should be conducted at bi-monthly intervals, information available showed these had not been happening under the previous registered manager. The new manager was aware of the shortfalls and was doing their utmost to improve the situation. Staff had received an annual appraisal of their overall performance for the period 2017 to 2018, with key objectives set for the next 12 months, for example, to complete accredited training and to become a 'champion' within a different aspect of care, with the aim to promote understanding and knowledge to staff members and to lead by example. Although the manager was in regular contact with the registered provider, they had not received formal supervision or an appraisal of their overall performance.

People were very positive about the meals provided. One person told us, "The food is lovely, the choices available are always good." Another person told us, "I very much like the meals provided, the food is very good." The meal time was relaxed, friendly and unhurried. People were supported to receive enough food and drink, the meals looked appetising and people could have a glass of wine with their meal if they wished. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner.

The service's chef was fully aware of people's needs, including those who were at nutritional risk. The

nutritional needs of people were identified and where people who used the service were at nutritional risk, referrals to a healthcare professional such as the GP and Speech and Language Therapist [SALT] had been made. Where instructions recorded that people should be weighed at regular intervals, this had been followed to ensure their nutritional and hydration needs were being monitored and any concerns were picked up at the earliest opportunity.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of external organisation's and agencies to ensure people's welfare and wellbeing. This referred specifically where people using the service had received support from SALT, the Dementia Intensive Support Service [DISS] and local district nurse team.

People told us their healthcare needs were met and that they received appropriate support from staff. Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. Care records showed that people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments.

People lived in a safe and well maintained environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences; and contained their personal possessions. People had access to comfortable communal facilities, comprising of communal lounges and separate dining areas. Adaptations and equipment were in place to meet people's assessed needs.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Staff had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Staff were observed during the inspection to uphold people's rights to make decisions and choices. Information available showed that each person who used the service had had their capacity to make decisions assessed. The manager confirmed that current people using the service had the capacity to make day-to-day decisions.

Is the service caring?

Our findings

Caring was previously rated as 'Good' at our last inspection on the 18 July 2017. At this inspection, we found that 'Caring' continued to be judged as 'Good'.

People were satisfied and happy with the care and support they received. People told us staff were kind and caring. One person told us, "The staff know us all very well and we are treated well too." A second person told us, "They [staff] treat me like I am one of their friends." Reviews publicised on a well-known external website about the quality of care and facilities at Broadoaks were very positive and rated the care home very highly. One relative wrote, "Having viewed and tried other facilities, we as a family have found Broadoaks to be a good substitute for the home environment. When visiting we have been made to feel welcome, and though we realise this can be deceptive, we genuinely believe we are welcome. We are pleased that our relative settled in well and made to feel at home. We have found them to be happy to see us and more importantly, happy when we left." Another relative wrote, "My relative has been a resident at Broadoaks since 2016 and the care and attention they receive has been excellent."

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. One relative told us they felt involved with their family member's care. They advised, "If the smallest thing happens, then the manager or someone similar will be on the phone straight away to explain what is happening." People and their relatives had been given the opportunity to provide feedback about the service through the completion of an annual questionnaire. The manager confirmed that people's relatives advocated on their behalf and at present no-one had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. Improvements were required to enable people using the service and those acting on their behalf to have sight of their care plan and know the purpose of this document.

Staff had a good rapport with the people they supported and there was much good-humoured banter which people appeared to enjoy and appreciate. Staff understood people's care and support needs and the things that were important to them in their lives, for example, members of their family and their individual personal preferences. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone with their nutrition and hydration needs, assisting people to mobilise safely within the home environment or answering people's questions and queries.

People's independence was actively promoted and encouraged where appropriate and according to their capabilities and strengths. Several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed they could manage some aspects of their personal care with minimal staff support and assistance. One person retained their independence to administer their own medication [eyedrops].

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us the care and support provided was discreet and they were always treated with courtesy.

and respect by staff. Staff could verbally give good examples of what respect and dignity meant to them; knocking on doors, keeping the door and curtains closed whilst delivering personal care and providing explanations to people about the care and support to be provided. Observations showed staff knocked on people's doors before entering people's rooms and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People were supported to wear jewellery and clothes they liked that suited their individual needs, were colour co-ordinated and were appropriate to the occasion and time of year.

People were supported to maintain relationships with others. People told us their relative and those acting on their behalf could visit them at any time.

Is the service responsive?

Our findings

Responsive was previously rated as 'Good' at our last inspection on the 18 July 2017. At this inspection, we found that 'Responsive' was now judged as 'Requires Improvement'.

Although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support, others were not fully reflective or accurate of people's care needs. This meant there was a risk that relevant information was not captured or did not provide sufficient evidence to show that appropriate care was being delivered. Two people who were admitted to the service in June and September 2018, did not have a complete care plan in place detailing all their specific care needs and the delivery of care to be provided by staff. The manager acknowledged a care plan should have been completed sooner. However, it was evident that following the registered manager's resignation from the service at the end of August 2018, only then did it become apparent, there were shortfalls relating to the service's care planning arrangements. Also, the manager received few supernumerary shifts as they were 'hands on' and part of the staff roster. The manager told us all efforts were being made by them and the registered provider to address these shortfalls.

Although the above records required improvement, we did not observe any impact on people's care during our inspection. These were records based issues that needed to be addressed to ensure that risks to people were managed as robustly as possible and staff had the most up-to-date information available to provide a good level of care and support.

We recommend the service review current best practice guidance relating to care planning to ensure they have comprehensive, person centred records of people's care and wellbeing needs.

Suitable arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. This ensured the service could meet the person's needs and provide sufficient information to inform the person's initial care plan. One person told us, they and their family had been invited to view the service prior to their admission. They had taken up this opportunity to ensure the service was the right one for them and their loved one.

People told us they had the opportunity to participate in a range of leisure activities and social events which suited their needs and abilities, including both group and individual activities. People confirmed they could choose if they wished to participate. Activities were available Monday to Saturday each week, consisting of 60-minute sessions in the morning and in the afternoon. Additionally, those who remained in their bedrooms received one-to-one support and once monthly a 'Macmillan' coffee morning or afternoon tea event was held for people living at Broadoaks, relatives and their friends. Since our last inspection in July 2017, the service had acquired several chickens.

Arrangements were in place for people and those acting on their behalf if they had a concern or were not happy with the service provided to them. People told us if they had any concerns or complaints, they would not hesitate to talk to a member of their family, staff or the manager. One person told us, "It would have to

be something very serious, but I would raise a complaint if it was important and I felt I had to." No complaints had been raised since our last inspection to the service in July 2017.

A record of compliments was maintained to capture the service's achievements. These showed relative's and visitors to the service were happy with the care and support for their family member or friend. Comments included, "Sincere thanks for the love and care shown to [name of relative] during their time living at Broadoaks. It was always comforting to know that they were safe and their needs were being met to the highest standard at all times. We were particularly touched by the care and attention they received in their final hours and feel that this contributed to their peaceful passing" and, "[Name of family member] was very content and safe under your care for which we [relatives] were all very grateful."

The manager told us there was no-one currently requiring end of life or palliative care. They were aware that should this change they would need to work in partnership with healthcare professionals, including the local palliative care team and other agencies and organisations. The manager confirmed that following a person's death, staff would be offered emotional support and this could include counselling.

Is the service well-led?

Our findings

Well-led was previously rated as 'Requires Improvement' at our last inspection on the 18 July 2017. Quality assurance arrangements were found to not be as effective as they should. At this inspection, we found that 'well-led' was now judged as 'Good.'

Since our last inspection to the service in July 2017, there had been changes to the management team of the service. The previous registered manager had resigned and left the organisation in August 2018 and the deputy manager was promoted to the role of manager on 26 August 2018. At the time of this inspection, the manager had submitted their application to be formally registered with the Care Quality Commission.

People living at the service and their relatives were very complimentary and positive regarding the management of the service. Everyone spoken with felt the service was well managed and lead. One relative told us, "[Name] of manager is really good, the service is well managed and I cannot fault it."

The manager monitored the quality of the service through the completion of several audits and other checks. The manager told us that data was collated and reported to the registered provider each month. For example, information relating to accidents and incidents, complaints and safeguarding concerns. In addition to this, a representative from the organisation undertook a visit to the service each month and completed a written review of their findings.

Although the above showed arrangements were in place to assess and monitor the quality of the service provided at Broadoaks, this was not as effective as it should be. The monthly management audits conducted by the previous registered manager had failed to provide an accurate picture of what was happening at the service and this had not been picked up as quickly as it should have been by the registered provider. This referred specifically to the registered manager failing to train the then deputy manager on the electronic care planning system, to update people's care plans and risk assessments, to notify the Care Quality Commission of reportable events in a timely manner, to initiate key training for staff and to provide adequate support to the deputy manager.

However, the Commission recognises that as soon as issues did come to light, an investigation into the management arrangements at the service was conducted and following the registered manager's resignation, the deputy manager was promoted to the role of manager. The registered provider report dated 16 September 2018 confirms additional support has been provided from within the organisation to support the manager and steps have already been undertaken to provide key training for staff and to update care plans and risk assessments. At this inspection we found that where improvements following our last inspection to the service in July 2017 were required relating to staff training and induction, the required improvements had been made.

The use of questionnaires for people who used the service and those acting on their behalf were completed November 2017, to seek their views about the quality of the service provided. The results of the annual questionnaire showed 64% of people provided a response. Overall, the areas of catering, personal care and

support, daily living, environment and management were covered as part of feedback, with a score of 90% attained, citing 'very satisfied' or 'quite satisfied.' Comments included, "Overall very happy" and, "Excellent care all round." The manager confirmed the next questionnaire was due to be sent out November 2018.

Staff meetings were periodically held to give staff the opportunity to express their views and opinions on the day-to-day running of the service and minutes of the meetings confirmed this. The manager confirmed formal meetings held with people using the service and those acting on their behalf had not been routinely completed due to not having a member of staff responsible for facilitating leisure activities. It was envisaged that this situation would improve now that someone was in post.

Links with the local community were in place, for example, some people were noted to receive religious observance according to their individual needs and wishes, local schools visited the service and the manager advised that local scouts visited Broadoaks. People confirmed it was a positive experience and they enjoyed these visits.