

Mrs Christine Lyte

Eastwood House

Inspection report

Eastwood Care Home
7 Eastwood Avenue
Grimsby
DN34 5BE
Tel: 01472 278073
Website:

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Eastwood House is a care home for 19 older people, some of whom may be living with dementia. The home is a converted domestic house that has been extended. Bedrooms are provided on both the ground and first floors with access via a passenger lift. There is a lounge and conservatory area that is used as a dining room. The home is situated in a residential area of Grimsby and is on a bus route to local areas and the city centre.

There was a registered manager for the service. 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.

This inspection took place on 25 and 26 June 2015 and was unannounced. The service was last inspected in July 2014 when we made a compliance action about staffing levels in the home. At the time of our inspection visit, there were 12 people living at the home. In addition there was one person who used the service for day care.

Summary of findings

We found additional staff had been recruited to ensure the wellbeing of people who used the service was promoted. People's needs were regularly assessed to ensure there was enough staff available.

Training had been provided on safeguarding vulnerable adults to ensure staff knew how recognise potential signs of abuse. Staff were familiar with their roles and responsibilities for reporting safeguarding or whistleblowing concerns about the service and staff.

Assessments about risks to people had been carried out to ensure staff knew how to support them safely. People who had difficulty with making informed decisions were supported by staff. We found staff had received training on the promotion of people's human rights to ensure their freedom was not restricted. Systems were in place to make sure decisions made on people's behalf were carried out in their best interests.

A range of training was provided to staff to ensure they could safely carry out their roles. Regular supervision and appraisals of staff skills were carried out to enable their individual performance to be monitored and help them develop their careers.

Recruitment checks were carried out on staff to ensure they were safe to work with people who used the service.

People's nutritional needs and associated risks were monitored with involvement of specialist health care professionals when required. People were able to make choices from a variety of nutritious and wholesome meals.

People were supported to make informed decisions about their lives and a range of opportunities were provided to enable them to engage and participate in meaningful activities. This helped to ensure their wellbeing was promoted.

People received their medicines as prescribed and systems were in place to ensure their medicines were managed safely.

People knew how to make a complaint and have these investigated and resolved, wherever this was possible.

Regular management checks were carried out which enabled the quality of the service people received to be assured and potential shortfalls to be identified and addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had been recruited safely and were in sufficient numbers to meet people's needs.

Staff had received training about the protection of vulnerable adults and were familiar with responsibilities for reporting safeguarding or whistleblowing concerns.

People received their medicines as prescribed and systems were in place to ensure their medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had received a range of training to ensure they knew how to support people safely.

People received a wholesome and varied diet and their nutritional needs were monitored to ensure they were not placed at risk.

People were supported to make informed choices and decisions about their lives. Assessments and best interest meetings had been completed where people lacked capacity to make informed decisions about their care.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion by staff who had developed strong relationships with them and knew them well.

People's right to make choices about their lives was respected. Staff observed their rights to privacy and ensured their personal dignity was maintained.

Information about people's personal strengths and needs was available to help staff support and promote their health and personal wellbeing.

Good



Is the service responsive?

The service was responsive.

People were provided with a variety of activities to enable their personal wellbeing to be promoted.

Staff demonstrated a positive understanding of working with people's individual personal strengths and needs.

Health care professionals were involved with people's care and treatment and staff made appropriate referrals about this when required.

People knew how to make a complaint and have these investigated and resolved, wherever possible.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Regular meetings took place to enable people to provide suggestions and feedback about the service.

Quality assurance systems were available to support the registered manager to monitor the service delivered and take action to resolve issues when required.

Regular meetings took place to enable direction and leadership to be provided to staff.

Eastwood House

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 registered 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.

The unannounced inspection was carried out by an adult social care inspector over two days and took place on 25 and 26 June 2015.

Before the inspection, we asked the registered provider to complete a Provider Information Return [PIR]. This asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider submitted a PIR, however some of the information given was limited. We looked at the information we hold about the registered provider and spoke with the local authority safeguarding

and quality performance teams before the inspection took place, in order to ask them for their views about the service. We were told there were no on-going safeguarding concerns about the service.

During our inspection visit we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection [SOFI] in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with four people who used the service, eight visiting relatives, three members of care staff, two senior care staff team leaders, an activity worker and the deputy manager.

We looked at three care files belonging to people who used the service, four staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information, staffing rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe and trusted the staff. One person said, “I feel safe here, it’s like a little community.” Their relative told us, “We had not been able to keep xxx at home and it was feeling unsafe”. “You put your trust in them and I think this sets the standard. From the point of view of xxx, I feel she’s safe and feel reassured.”

Following our last inspection, we found the registered provider was non-compliant with regulations relating to staffing and ensuring there were sufficient numbers of staff available to meet the needs of people who used the service. The registered provider sent us an action plan and told us they were planning to recruit an activity worker and provide additional staff cover at busy time’s, such as meal times. At this inspection we found the needs and dependencies of people who used the service were regularly assessed to ensure there were enough staff available to meet people’s needs. We found an activity worker had been employed and saw they were available to ensure the wellbeing of people was now actively promoted.

The deputy manager told us that since our last inspection the numbers of people who used the service had reduced and the registered provider had subsequently decided to withdraw the additional staff cover that had been introduced to cover busy periods. The deputy manager told us they were monitoring this situation closely and would be speaking with the registered provider if staff were not able to meet people’s needs. We found there were two members of staff available to meet the needs of the 12 people who used the service at all times. There were additional staff for ancillary duties, such as cleaning and cooking. People who used the service and their visiting relatives told us they had no concerns and we observed that call bells were answered promptly when required.

We found assessments about known risks to people had been carried out to ensure staff knew how to support them safely and protect them from harm. We saw these assessments were updated and reviewed on a regular basis to ensure accidents and potential incidents were minimised and acted upon.

Training on the protection of vulnerable adults had been provided to staff to ensure people who used the service were safeguarded from potential abuse. We were told the

service had a zero tolerance to abuse and saw that policies and procedures were available to guide staff when reporting safeguarding concerns; these were aligned with the local authority’s guidance on safeguarding. Staff confirmed safeguarding people was regularly discussed in their personal supervision sessions with senior staff to ensure they were familiar with their roles and responsibilities. Staff had an appropriate understanding of the different forms of potential abuse and were aware of their duty to report any concerns they were worried about. Staff told us they were confident that management would take appropriate action in this regard. We checked with the local authority safeguarding team as part of this inspection and they told us they had no on-going concerns about the service.

There was evidence in staff files that prospective employees were checked before they were allowed to start work in the home. This helped to ensure they did not pose a potential risk to people who used the service. We saw this included recruitment checks and obtaining clearance from the Disclosure and Barring Service [DBS] to ensure applicants were not included on an official list that barred them from working with vulnerable adults. We saw that references were appropriately followed up before offers of employment were made, together with checks of the applicant’s personal identity and past employment experience. This ensured gaps in people’s employment history could be explored.

People who used the service told us they received their medicines at regular times and when it was required. We saw staff provided people with sensitive explanations about their medicines and took time to ensure they were not hurried or rushed whilst taking them. Staff responsible for providing medication to people had completed training on the safe handling and administration of medicine. We saw that medication was securely stored and that accurate and up to date records were maintained of medicines that had been ordered, received and provided to people. We found internal audits of medication were regularly carried out to minimise potential mistakes and the service contracted with a local pharmacy, in order that additional six monthly medication checks could be provided; advice was sought from the pharmacy when required. One person who used the service occasionally received their medicine in their food. We saw evidence of multi-disciplinary meetings about this to ensure this was the least restrictive option available and was in their best interests.

Is the service safe?

We observed the building was well-maintained and regular checks were made of equipment and facilities to ensure they were safe for people to use. Individual personal evacuation plans were available for people who used the service and copies of these were contained within people's

personal care files. There was a contingency plan available for use in emergency situations, such as fire and floods and fire training was provided to staff with fire drills arranged as required. People and visitors commented positively on the cleanliness of the service.

Is the service effective?

Our findings

People who used the service and their relatives were positive about the outcomes achieved for them. One relative told us, “I am happy to come here to visit and enjoy coming here. I feel my mother is contented and I think it’s positive.” Whilst another commented, “My mother has been here for a year following a period of respite but decided not to go home. She has improved since living here and flourished and put on weight; she loves her food.” One person who used the service told us, “They take me out for fish and chips which I enjoy.”

We found a variety of nourishing, home cooked meals were provided, with the day’s choices about these displayed in pictures to help people make choices about what they ate. We saw that additional fresh fruit and drinks were available for people at all times to ensure their nutritional and hydration needs were supported. People who used the service told us they enjoyed the food that was served, whilst relatives told us the quality of this seemed good. The kitchen facilities in the home had recently been awarded a 5 star rating by the local environmental health service for its cleanliness, which is the highest rating that can be given.

We observed individual support was provided to people requiring assistance with eating their meals. This was carried out with friendly encouragement to ensure their individual wishes and to ensure their dignity was respected. People’s personal care files contained evidence of nutritional assessments of their needs, together with regular recording and monitoring of weight. We saw there was involvement of dieticians or community professionals when required. Relatives of a person who had recently moved into the service, commented positively on the way staff had involved the speech and language specialists to enable their swallowing to be assessed. They told us, “He is back to his old self, it’s wonderful.”

We saw evidence staff undertook training on a variety of courses to enable them to effectively carry out their roles. Staff files contained certificates for courses the registered provider considered essential. These included moving and handling, first aid, infection control, safeguarding vulnerable adults, food and fire safety, the Mental Capacity Act 2005 [MCA] and issues relating to the specialist needs of people who used the service, such as dementia and end of life care. The deputy manager told us they monitored the delivery of training to ensure staff’s skills were maintained

and up to date. However, we noticed the matrix for this was hard to follow as it had not always been kept up to date. We spoke to the deputy manager about this who told us they would speak with the registered manager to ensure this shortfall was appropriately actioned.

We found a programme in place for staff to undertake nationally recognised accredited qualifications, such as the Qualifications and Credit Framework [QCF]. Staff files inspected contained evidence of individual meetings with senior staff to enable their performance and skills to be appraised and monitored. We found that individual staff had key responsibilities for the promotion of various aspects of service provision. These included dignity, infection control, health and safety, and enabled the service to be effectively managed. Staff were positive about their work and demonstrated a commitment to the service.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people lack capacity to make informed decisions and the care they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone is deprived of their liberty, this is carried out in the least restrictive way and is in their best interests. We saw evidence of a DoLS application that had been authorised by the local authority supervisory body and the deputy manager told us they were currently awaiting a formal decision in relation to others that had been made.

MCA training had been provided to staff to ensure they were aware of their professional responsibilities to uphold people’s human rights. Staff were clear about the need for obtaining people’s consent and demonstrated a good understanding of the principles of how the MCA was used in practice. One member of staff told us they were hoping to undertake a university course about the MCA in the future. We observed staff provided people with explanations of interventions in advance of them being carried out they needed to carry out [for example: hoisting] to ensure people’s agreement about these were sought.

We saw evidence in people’s care files of support with making anticipatory decisions about the end of their lives, together with the involvement of independent advocates. We saw some people had consented to ‘Do Not Attempt Cardio Pulmonary Resuscitation’ [DNACPR] and documentation about this was clearly documented in the front of their care files.

Is the service effective?

Information in people's personal care files provided details about their individual health and medical needs, together with evidence of ongoing monitoring and involvement from a range of health professionals. These included GPs, district and specialist nurses to ensure their health and wellbeing was promoted. We found a dentist had recommended a particular form of intervention for a person and saw a best interest meeting about this had been arranged to enable a multidisciplinary decision about this to be reached. A district nurse who was visiting told us they had no concerns

about the service. Visiting relatives told us staff communicated with them well and ensured they were made aware of any changes in their member of family's conditions.

We observed staff engaging and communicating with people courteously and in a considerate manner to ensure their needs were effectively met and their dignity was respected. We saw use of various reminiscence tools and exercises, together with clear signage on display to help people maximise their independence and feel in control of their lives.

Is the service caring?

Our findings

We found that people and their relatives had developed strong relationships with staff who knew them well. People who used the service told us staff were very kind and helpful and involved them in making choices and decisions. One person told us, “The girls are all very nice.” A relative commented, “I have been involved in the development of xxx care plan and her pen portrait.” Other relatives said, “We are very happy with the care xxx is receiving; we are well satisfied” and “They could not do anything better.”

We observed staff demonstrated a positive regard for what mattered to people and was important to them. We saw staff treated people with kindness and compassion. We found staff were attentive to the differing needs of people and observed them providing sensitive support to ensure people’s wishes and feelings were respected. One person who used the service and their relatives told us how the service had recently supported them to attend a local restaurant for their 100th birthday celebration.

We found the service placed an importance on involving people and ensuring their personal dignity was maintained. We saw staff talking with people, engaging with them about choices for their support and getting down to their eye level to aid communication. We found staff ensured their wishes and feelings were upheld. We heard staff talking sensitively with people and providing explanations to them to ensure they understood what was being said. We observed people looked clean and well looked after. A hairdresser was attending the home on one

of our inspection days. We saw information about the promotion of dignity was on display and we found that individual staff had been appointed as dignity champions to promote this aspect of service provision.

People’s care files contained details about their personal likes and preferences, together with information about their past histories. This helped staff understand and promote their individual needs. We saw evidence in people’s care files of involvement by them and their relatives in reviews and decisions about their support. We found staff had key worker responsibilities for meeting particular people’s needs and spent individual time with them to ensure their wishes and feelings were positively promoted. Information about advocacy services was on display in the home to enable people to obtain independent advice when this was required.

Staff demonstrated a good awareness about the importance of maintaining people’s confidentiality and we saw information about their needs was securely held. We found people were able to spend time in their own rooms to ensure their wishes for personal privacy were upheld. People told us their personal choices about their support was positively promoted, such as decisions about times of when to get up or go to bed, or clothes they wanted to wear. There was evidence people who used the service were able to bring items of furniture and possessions with them to personalise their rooms and help them to feel at home. People’s relatives told us they were encouraged to visit and take part in the life of the home.

An article about the service, written by a relative, had recently been published in a local newspaper. This was on display and stated, “The respect, care and humour can only be described as affection, is beyond belief.”

Is the service responsive?

Our findings

People who used the service and their relatives told us they were confident that action would be taken when required. One visiting relative told us, “They always ring and say if there have been any changes or concerns; they got a district nurse and a GP out the other day and took xxx to accident and emergency.” One relative told us, “Staff have their finger on the ball and spot signs” and “With the team we have got here, we are more than confident that things will get done.”

Staff demonstrated a good understanding of working with people’s individual personal strengths and needs. We saw people’s personal care files contained details about their preferences and likes which staff respected. We observed staff had developed positive relationships with people to enable their personal wellbeing to be enhanced. An activity worker told us about their involvement with people and their relatives, on a group and individual basis. On one of the inspection days, a monthly meeting was held with people to keep them informed and provide them with opportunities for making suggestions for events to be held. The activity worker told us, “I am holding a residents and relatives meeting later today. I value their input; it helps get an insight into their lives and develop an understanding about them and gain opportunities to build their self-esteem.” We saw evidence of fundraising meetings that had recently taken place in support of the Alzheimer’s society and saw people participating in gentle games of stimulation, quizzes, singing or joining a ‘walking bus’ to the local park.

There was evidence in people’s personal care files of participation and involvement by them and their relatives

in decisions about the support provided. We saw people’s care files contained details about their needs and support that was required, together with assessments about known risks to them. We saw these included details about a range of issues such as falls, risk of infections, skin integrity and nutrition. They were monitored regularly and updated on an on-going basis. This enabled staff to have accurate information about how to keep people safe from potential harm. People and their relatives confirmed they participated in reviews of support received. We saw evidence of liaison with a range of community health professionals to ensure their involvement and input with changes in people’s needs when required. A district nurse who was visiting told us they had no concerns about the service. They commented positively on the use of sensory equipment available for people to touch and feel stimulated by. They said, “It’s always clean and staff are welcoming and get to know people well. They follow and implement advice straight away and get on with it.”

People who used the service and their relatives told us they were happy with the support that was delivered. A complaints policy and procedure was available to ensure their concerns were listened to and followed up when required. We saw a copy of this was displayed in the service. People and their relatives told us they knew how to make a complaint and would speak to staff if they had any concerns. They told us they felt the registered provider would take action if this was needed. We found no official complaints had been made in the past year and previous concerns had been investigated and wherever possible resolved. The deputy manager told us the service welcomed feedback from people as an opportunity for learning and improving the service delivered.

Is the service well-led?

Our findings

People who used the service and their relatives were positive about the home. They told us staff were very friendly and approachable and knew what to do. Staff we spoke with confirmed they received feedback from management in a constructive and motivating way to help them carry out their roles.

The service had a registered manager in place who was also registered to manage another service. The deputy manager told us the register manager maintained close contact with the service and visited the home on a regular basis. We found the deputy manager was clear about their responsibilities and they told us they were about to complete a level five leadership and management qualification.

Staff told us the registered manager and deputy manager maintained high standards and were fair. Staff advised they felt able to approach management with suggestions, issues or concerns and had confidence these would be listened to and taken on board.

We observed that staff maintained strong relationships with people who used the service and their relatives. Regular meetings took place to enable them to provide suggestions and feedback about the home. We saw use of sensory equipment and pictures, to help people living with dementia to understand and communicate and help them feel in control of their lives. There was evidence of use of external advocates in the personal care files of people, in order to help support important decisions about their lives. The deputy manager told us surveys were circulated to key stakeholders to obtain their views on the service provided. We were told these had not been sent out yet this year, although we saw evidence of plans to do this.

We saw the deputy manager had a 'hands on' approach and was involved in the supervision and delivery of people's support and knew people who used the service well. We found the deputy manager was available throughout our inspection, providing advice and guidance to both staff and people who used the service. We found the service maintained good links with the local community professionals, such as GP's and the district nursing service.

Administrative systems were in place to enable information about the service to be promptly obtained. We found the organisation of this had been developed since our last visit and plans were in place to improve the office space. There were quality assurance systems available to support and enable the registered manager to monitor the service delivered and take action to resolve issues when needed. We found a variety of quality audits were carried out on various aspects of service provision. These included accidents and incidents, fire safety, cleanliness of the environment, staff supervision and people's care plans. Action plans were developed to address identified shortfalls. We saw that notifications about incidents affecting the health and welfare of people who used the service had been submitted in a timely manner to the Care Quality Commission. This enabled the service to be monitored and action to be taken when required.

Regular meetings took place with staff to enable direction and leadership to be provided and ensure they were clear about their professional responsibilities and what was expected of them. We saw evidence in minutes of staff meetings and individual supervision records that a variety of practice issues were discussed and joint learning took place when required. A whistle-blowing policy was in place to enable staff to raise concerns about the service and we saw evidence that appropriate managerial action was taken in relation to issues highlighted in this respect.