Optima Care Limited

Eastry House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 30 December 2016 and was unannounced.

The service is registered to provide accommodation and personal care for up to 22 older people living with learning disabilities and dementia. There is a communal lounge, dining room, conservatory and craft room on the ground floor. Bedrooms are situated on the ground and first floor, accessed by a lift. The service is situated in the village of Eastry near Sandwich, with easy access to local shops. At the time of the inspection there were 16 people living at the service.

A registered manager was in post, however they were not present at the inspection, we spoke to the registered manager after the inspection. We were supported by the team leader during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risks to people were identified and assessed and guidance was provided for staff to follow to reduce risks to people. People received their medicines safely and on time.

Staff knew about abuse and knew what to do if they suspected abuse. Staff knew about the whistle blowing policy and the ability to take concerns outside of the service. Staff were confident that any concerns raised would be investigated to ensure people remained safe.

The provider had a recruitment policy and processes in place, these had recently been updated, the processes ensured that staff were of good character. There were consistent numbers of staff on duty. There were staff vacancies at the time of the inspection, these were covered by agency staff, who worked regularly at the service. Staff completed regular training, had one to one supervisions and annual appraisals to discuss their development.

Staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. Staff knew the importance of giving people choices and gaining their consent.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed with the local authority as being required to protect the person from harm. Some people had an authorised DoLS in place and these were reviewed regularly.

People enjoyed home cooked meals. Some people required special diets, as recommended by healthcare professionals; these meals were appetising and met people's needs. People's health was assessed and

monitored; staff took prompt action when they noticed changes or any decline in a person's health. Staff worked closely with health professionals and followed any guidance given to them to ensure people received safe and effective care.

People told us they were happy at the service. Staff spoke with and engaged with people in a kind and compassionate way. Staff respected people's dignity and treated them with respect. People had been encouraged to be involved with the planning of their care, when they were able to. Staff involved relatives and advocates when planning care for people who were unable to participate. People had a detailed, descriptive plan of the support they needed.

The provider had a complaints policy and procedure. People and relatives knew how to complain, management had followed the procedure and used any complaints as a learning experience.

People's family and friends were welcome to visit at any time. People were encouraged to visit relatives; staying with them for holidays. Staff, including an activities co-ordinator, spent time with people on a one to one basis. Staff encouraged people to be as independent as possible.

Relatives, staff and health professionals felt that the service was well led. There was effective and regular auditing and monitoring. People, relatives, staff and health professionals were asked their views on the quality of the service provided.

The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

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.

Risks to people were assessed and there was guidance for staff on how to reduce risks.

Staff knew how to keep people safe and how to respond and recognise abuse.

People received their medicines safely and on time.

Recruitment processes were followed to make sure staff employed were of good character. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received regular training, had one to one supervisions and an annual appraisal to discuss their development.

Staff understood the importance of gaining people's consent and giving them choices. People were supported to make decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's health was assessed, monitored and reviewed. Staff worked with health professionals to make sure people's health care needs were met.

People had enough to eat and drink.

Is the service caring?

Good

The service was caring.

Staff were friendly, compassionate and kind.

They promoted people's dignity and treated them with respect.

Staff knew people well, their likes, dislikes and life histories. Staff

knew how people preferred to be supported.

Is the service responsive?

Good

The service was responsive.

Each person had a support plan that was person centred. Support plans were regularly reviewed and updated.

People were supported to maintain relationships with people who were important to them.

People knew how to complain. The complaints procedure had been followed when complaints had been received.

Is the service well-led?

Good

The service was well led.

People, relatives and health professionals were asked for their views on the quality of the service provided.

There was an open culture. People, relatives and staff were encouraged to make suggestions to improve the service.

Regular and effective audits were completed. Action was taken when shortfalls were identified.

Notifications had been submitted to CQC in line with guidance.

Eastry 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 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 the service under the Care Act 2014.

The inspection took place on 30 December 2016 and was unannounced. The inspection was carried out by two inspectors. Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed this information, we looked at previous inspections and notifications, received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with eight people who used the service, five staff, human resources manager, two relatives, and one healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who could not talk with us.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed a variety of documents and people's records. These included four support plans and risk assessments, training and supervision records, staff rotas and quality assurance surveys.

We last inspected Eastry House in July 2014 and there were no concerns noted.

Good

Is the service safe?

Our findings

Relatives told us that people were safe, "My (relative) is safe, I don't have to worry". People told us they liked living at Eastry House and it was their home.

People were protected from abuse. Staff knew what to do if they suspected abuse. Staff told us, "(The manager) would deal with anything that I reported, if not we have a confidential staff phone line we can use". The provider had policies and procedures in place, staff had access to local safeguarding protocols, to refer to. Staff told us that they had received training about keeping people safe, this was confirmed by training records. The registered manager knew what should be reported and how to do so, in line with current guidance.

Staff were aware of the whistle blowing policy and knew they could take concerns to an outside agency, if they felt their concerns were not being dealt with properly.

Staff understood their roles and responsibilities in keeping people safe, staff reported accidents and incidents to the registered manager. The registered manager monitored any accidents or incidents, to identify any trends and action needed. For example, a person had fallen twice in one day, they were taken to the GP and medicines were adjusted, they had not fallen since.

Potential risks to people had been identified; detailed risk assessments gave staff guidance on how to reduce the risk and keep people safe. For example when people had a catheter, a tube passed into the bladder to help people pass urine, staff were given guidance on how to reduce the risk of the catheter blocking or the person developing an infection. Some people were unable to move around the service independently, staff were given guidance on how to transfer people safely. Risk assessments had details of how to use a hoist and sling, including how to position the hoist so that the person was able to sit upright in their specialist chair. Risk assessments were updated as changes occurred in people's needs.

Staff knew how to prevent pressure areas and supported people to keep their skin healthy. Staff recognised changes in people's skin and supported people with applying barrier cream. A health professional told us, "We rarely come to the service to treat pressure areas". People who were at risk of developing pressure areas, had special equipment, this included mattresses and cushions. Pressure relieving mattresses, to be effective, need to be set at the correct pressure. There were no systems in place to check that equipment was at the recommended pressure. This was an area for improvement.

Each person had an emergency evacuation plan which set out their specific physical and communication needs to ensure they could be safely evacuated in an emergency.

Staff were recruited safely. The provider had a recruitment and disciplinary policy in place; this had recently been updated to include a staff health declaration. Recruitment checks had been completed to make sure staff were honest, trustworthy and reliable to work with people. These checks included written references and employment history; any gaps had been discussed and recorded. Disclosure and Barring Service (DBS)

criminal records checks had been completed before staff began working with people. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

The registered manager monitored the staffing levels to ensure there were enough staff to meet people's needs. The registered manager had identified that additional staff needed to be recruited; new staff had been interviewed and the recruitment process was in progress. There were enough staff on each shift with the skills to meet people's needs; agency staff had been used to ensure that there were enough staff. The registered manager ensured that where possible the same agency staff were employed to ensure that people received consistent support from staff they knew; this was confirmed by an agency member of staff we spoke to.

The duty rotas showed there were consistent numbers of staff throughout the day and night; the numbers were altered when people's needs changed. There were contingency plans to cover sickness and annual leave.

People received their medicines safely and on time and in a way they preferred. Medicines were managed, stored and disposed of safely and in line with guidance. Staff checked and recorded the temperatures in the room and fridge where medicines were stored to ensure the medicines worked as they were meant to. Some medicines were prescribed on an 'as and when' basis, such as pain relief. There were guidelines for staff to follow about when to give these medicines. People's medicines were reviewed by their doctor to make sure they were appropriate.

Good

Is the service effective?

Our findings

Relatives told us that they had confidence in the staff. Relatives told us that the staff were trained and knew people well. A relative said, "Where the staff are involved I have no concerns what so ever", and "The staff understand (my relative's) needs."

People received care from staff that were trained in their roles. Staff completed an induction programme when they started working at the service. Staff completed the induction programme over three months, this included shadowing experienced staff, to learn people's choices and preferences. New staff completed training in core skills such as safeguarding, moving and handling and mental capacity.

Staff completed regular training to keep up to date with best practice. The registered manager monitored and arranged the training of staff to meet the needs of the people who used the service. For example staff had completed training in dementia care previously; the registered manager decided to update the training as there were now people living with dementia in the service. Staff were encouraged and supported to complete additional training for their personal development. Staff had completed vocational qualifications; these are work based awards that are achieved through assessment and training. To achieve these qualifications staff must have proved they were competent to carry out their role to the required standard.

Staff had regular one to one supervision meetings to discuss their performance, strengths and any support needed. All staff had an annual appraisal where their development needs and choices are discussed.

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 make 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 application procedures for this in care homes and hospitals are called 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.

The staff and registered manager understood their responsibilities in relation to MCA and DoLS. People were encouraged to make decisions when they were able to. People were asked what they would like to eat and drink, activities they would like to do and when they wanted to get up and go to bed. The registered manager had applied for DoLS in line with current guidance; people who were unable to make their own decisions and their liberty was restricted had a DoLS authorisation in place. An advocate visited people each month to ensure that the conditions of the DoLS authorisation were being met.

People were offered a choice of healthy food and drinks which they enjoyed. People had a choice of meals

and menus were displayed in the dining room. The staff organised special events such as a quiz and curry night; people were looking forward to the curry. The catering staff were aware of people's preferences and kept a folder that was updated by staff with information if a person's dietary needs changed. When people lost weight or had problems with their swallow; people were referred to specialist health professionals. Staff followed the guidance given; for example some people needed their food to be pureed. The catering staff ensured that these meals looked appetising to people, by keeping each element of the meal separate on the plate.

People had access to specialist health professionals when they needed it. Staff worked closely with health professionals such as the community nursing team, speech and language therapists and GP's. Staff monitored people's health and took prompt action if they noticed any changes. Staff spoke with people and their families to make sure they had information they needed about their care and treatment.

Good

Is the service caring?

Our findings

People told us they were happy at Eastry House, there was a relaxed atmosphere and warm relationships between staff and people. One relative told us, "(Staff) are very protective; they really do care and get to know them."

People were very happy to see staff; they were smiling and chatting. Staff knew how to communicate effectively with people. When people needed support to communicate staff knew how to interact with them; there was eye contact and lots of touching. One person liked to hug people; the staff held out their arms so that the person knew they liked to hug too, making the person happy; they laughed and told them how pretty they were.

There was a strong, visible culture which was centred on each individual and their needs. Staff knew people well and had built a strong, positive and trusting relationship. Staff spoke to people in a kind respectful way; staff altered their approach with each person.

People enjoyed telling us about their lives and what activities they had taken part in like going to the shops. People spoke about the staff and how they had enjoyed holidays and outings together. One relative told us, "My (relative) when we go out always asks when they are going home. I didn't think I would hear that, but they think of Eastry House as home."

We observed people's dignity and privacy being respected; staff supported people in their rooms with the door closed and knocked on the door before entering. Staff supported people to make choices throughout the inspection; this included where they wanted to sit, drink or activity they wanted to do. One person wanted to back to their room after lunch; staff supported them to their room, leaving them with the call bell to use if they wanted anything.

People's rooms had been personalised. One person invited us to their room; they wanted to show us the crafts that they had completed. Staff had supported the person to adapt the craft of cross stitch so that they were able to be independent. The person had their room decorated with pictures they had made. The person had made a kneel pad for the local church; there was a photo of the person with the people from the church. The person was proud of their work and was pleased to be able to show people what they were able to do.

People were encouraged to be as independent as possible. Staff had arranged for a specially adapted television remote control for a person, so that they could change the television channel themselves. One person's room had sensory lights; this helped to relax the person when support was being given and to go to sleep.

A handover was completed at the beginning of each shift to make sure staff were up to date with any changes in people's needs. The registered manager worked at the service each day and monitored staff practice to ensure they were positive and respectful in their approach. The staff team spoke about people

with warmth, empathy, compassion and a genuine concern for their wellbeing. Throughout the inspection staff were attentive to people.

Good

Is the service responsive?

Our findings

Relatives told us that the staff understood people, "The staff understand how routine effects (my relative)." Another relative told us, "(My relative) started to find it difficult to walk to the toilet at night, staff asked if they would like a commode. This was perfect for (my relative)." Staff were not rushed and spent with people making sure they were safe and happy.

When people were thinking of moving to Eastry House a pre assessment was completed by the registered manager to check whether they could meet the person's needs or not. From this information an individual support plan was developed, with the person or their relatives where possible. The support plan gave staff the information and guidance they needed to support the person in the way they preferred. Information that was important to the person, such as, their likes, dislikes, life histories and preferred routines were included.

The support plans included communication passports and easy read information. Staff were given clear guidance on how to communicate with people and give people important information in a way that they could understand.

Each person had a support plan that was person centred with their choices and preferences. The plans included details about people's health needs and risk assessments; records were regularly reviewed and updated. If people's needs changed their support plan was updated. For example one person had become less mobile; the support plan was changed to reflect this giving guidance on how to move the person safely and keep their skin as healthy as possible. The support plans gave detailed guidance for example; 'please ensure my right arm is put into my sleeve before my left when putting on my tops. When taking them off my left arm should be first.'

Health professionals such as community nurses were involved in reviewing people's care. When reviews resulted in changes; these were recorded in the person's support plan. People were supported to be as independent as possible and make choices. Support plans recorded what the person could do for themselves and what level of support they needed so staff could provide care and support in the person's preferred way.

There were staff handovers between shifts, this made sure that staff were kept up to date with any changes in people's needs. Staff discussed the care and support that had been given or if people had declined care.

Staff chatted and spent time with people throughout the day. An activities co-ordinator was employed by the provider. The activities depended on people's health and abilities. There was a craft room where people could spend time together and take part in activities. The activities coordinator worked with people on a one to one basis; they adapted crafts so that people could join in. Staff organised activities during the day when people wanted them; one person asked for their nails to be painted. Staff asked if anyone else would like to have their nails painted; there were three people, staff painted their nails the colour they wanted.

People were encouraged to discuss the activities they wanted to do at the activities committee, people

decided on trips they wanted to go on and entertainment they wanted to visit them. Details of activities were displayed around the service, this included karaoke and bingo.

The provider had a complaints procedure that was displayed and a compliment, complaints and suggestion box that people and relatives had access to. The registered manager kept a record of complaints; there had been two in the last year. When a complaint was received the registered manager followed the policy and procedures to make sure it was dealt with correctly. Any complaints received were shared with staff and were used as a learning experience.

Good

Is the service well-led?

Our findings

Relatives, staff and health professionals felt the service was well led. Staff told us that the registered manager had an 'open door' policy; staff told us that they felt supported by the registered manager.

The registered manager had worked at the service for a long time and had built a strong team who shared their philosophy of care.

Staff told us that they felt they were listened to; they were able to speak to the registered manager about any concerns they may have. Staff told us, "(The manager) is very approachable" and "(The manager) listens to you and gets things done." Staff worked as a team; the registered manager worked with the staff to observe and support them. There was a warm relationship between people and staff; people recognised members of staff and spoke to each other with mutual respect.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. Staff understood what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew how to access the information when they needed it. Records were in good order and kept up to date. Records were stored securely to protect people's confidentiality.

The registered manager had sought the views of a range of stakeholders including health professionals, about their experience and views of the service. People, relatives and health professionals had returned questionnaires about the quality of the service provided. One relative had suggested improved communication with the service; the person was now in regular contact with their relative by email. One health professional said, "My clients are very happy at Eastry House."

People were given the opportunity to make suggestions about the day to day running of the service. Staff attended regular team meetings; they had the opportunity to raise any issues and discuss the support being given to people. Relatives received a newsletter to keep them up to date with the news from Eastry House.

The registered manager carried out regular quality checks and audits on key things, such as, health and safety, infection control and the environment. These were recorded and action was taken to address any shortfalls that were identified.

People were supported to maintain their links with the local community. People were supported to go into the village for lunch or to do some shopping. Some people went out to day centres and others were supported to spend time at home with their families.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action has been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.