

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Eastry House is a 'care home' for up to 22 people with learning disabilities. People in care homes receive accommodation and 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. At the time of the inspection, there were 17 people living at the service.

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

People were very happy living at Eastry House and spoke highly of the registered manager and staff. Despite this, we found the registered provider had failed to ensure management oversight of the service since our last inspection. This meant some areas identified at our last visit had not been addressed. It also meant the service had failed to improve or learn from past feedback.

There was a lack of quality auditing of the service which included provider audits. The premises could not be cleaned properly due to the poor condition of some areas. Staff were not always following good infection control practices or government guidance in relation to COVID-19. Accidents and incidents were not always included in the registered manager's analysis meaning they could not robustly review for themes or trends.

People told us there were sufficient staff on duty each day and they were kind to them which made them feel happy and safe. People received the medicines they required and any risks specific to them were identified and guidance in place for staff to help keep them safe.

People and staff felt involved in the service and felt listened to and we observed an obvious close relationship between staff and people.

The registered manager had started to improve Eastry House and the quality of the service people received. Staff told us they had already had a positive impact despite only being registered since December 2020. The registered provider had good links with external agencies to help ensure people received appropriate care in line with their needs.

We expect health and social care registered providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and setting maximises people's choice, control and Independence.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 10 September 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received in relation to incidents and allegations of abuse at other locations registered with the provider. A decision was made for us to undertake a focused inspection to inspect and examine those risks. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastry House on our website at www.cqc.org.uk.

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 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 registered 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors.

Service and service type

Eastry House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The registered provider was not asked to complete a registered provider information return prior to this inspection. This is information we require registered providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This was because this was a focused inspection.

We reviewed information we had received about the service since the last inspection.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager and care staff.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered 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 Requires Improvement. At this inspection this key question has remained the same. 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

At our inspection in July 2019, we found the registered provider had failed to monitor and mitigate the risks relating to the health, safety and welfare of people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found at this inspection improvements had been made in relation to people's risks. However, we identified some other shortfalls in relation to the safety of people.

- Risks to people had been identified and guidance was in place for staff to help mitigate those risks. Where people had diabetes, there was clear information on how often their bloods should be checked and what staff should do if they show signs of hyperglycaemia (high blood sugars) or hypoglycaemia (low blood sugars).
- One person had poor mobility and required staff to walk with them when they moved around the premises and we saw this happening. People's mobility aids were left within their reach to reduce the risk of falls.
- One person told us staff were very careful with them when they were transferred using the hoist and we observed staff moving people with confidence, talking to them throughout.
- A staff member told us, "We have charts to fill in if someone is in bed and prone to pressure sores." A second staff member said, "I have done all the training regarding eating and drinking. There are people at risk of choking. We give them drinks or break down their food for them."
- People were helped to stay safe from potential risks beyond their control, such as fire, at the service. Each person had a personalised evacuation plan which enabled staff to easily read what support a person should need to leave the building.

Learning lessons when things go wrong

- Where people had accidents and incidents these were recorded and acted upon. This included where one person rolled out of bed and an additional foam mattress was placed by their bedside in addition to the bed being set at its lowest level. Another person had started to cough when eating as they did not chew adequately, and a referral was made to the Speech and Language Therapy team.
- Although information relating to incidents, accidents and near misses were analysed by the registered manager, we identified incidents that had not been identified by them. We read three incidents which were recorded, but not included in the monthly analysis for January 2021, meaning trends or themes of incidents could go unnoticed.

Preventing and controlling infection

- As part of this inspection we carried out an infection prevention and control assessment. We identified shortfalls which meant we were only, somewhat assured, by the infection control practices at the service. Although the registered manager took immediate action to address some of these shortfalls such as an immediate repainting and tidying of the medicines room.
- We were somewhat assured that the registered provider was promoting safety through the layout and hygiene practices of the premises. The environment was 'tired' with chipped paintwork and worn woodwork. As such it would be difficult for staff to ensure it could be cleaned thoroughly. In addition, we found the medicines room was untidy and cluttered with some damp on the wall.
- We were somewhat assured that the registered provider was using PPE effectively and safely. This was because we observed one staff member not wearing PPE in line with government guidance.
- We were somewhat assured that the registered provider was preventing visitors from catching and spreading infections. Upon our arrival, although we told the registered manager we undertook weekly testing, they did not ask us any specific questions or take our temperature to help ensure we were not a potential risk to people.
- We were assured that the registered provider was meeting shielding and social distancing rules.
- We were assured that the registered provider was admitting people safely to the service.
- We were assured that the registered provider was accessing testing for people using the service and staff.
- We were assured that the registered provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the registered provider's infection prevention and control policy was up to date.

The lack of robust recording of accidents and incidents and poor infection control systems is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People received the medicines they required, however where people had, 'as and when' (PRN) medicines these were not accompanied by guidelines recording how a person may indicate they required them. Although the registered manager confirmed protocols were in place, but these lacked personalised information for people, they were able to provide us with evidence of appropriate PRN protocols following our inspection.
- Staff used an electronic medicines record system. This recorded people's individual medicines with prescription information. If a medicine was missed the system alerted staff.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "I love it here. The staff are always nice to me." A second person said, "Staff are very kind."
- Staff had a good knowledge of what may constitute potential abuse. A staff member said, "It could be mental, physical or financial. If anyone is being harmed, I would go to the top."
- There was information available to staff on who the lead safeguarding agency was and how they would report concerns. The registered manager had sent notifications to the safeguarding agency as well as

Staffing and recruitment

- People were cared for by a sufficient number of staff. Throughout our inspection, we observed staff tending to people promptly and we did not see anyone waiting for care. One person told us, "I think there are enough staff. They are there when I need them." Staff also felt there were sufficient of them telling us, "The way things are organised, there is plenty of time for the clients."
- At lunchtime, people sat at a number of tables. A staff member was available at each table to give support

and encouragement as people ate.

- Prior to commencing at the service, prospective staff went through a robust recruitment process. This included providing evidence of employment history, performance at previous employment, the right to work in the UK and their fitness to undertake the role. In addition, a Disclosure and Barring Service (DBS) check was carried out to help ensure they were suitable to work in this type of service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our inspection in July 2019, we found the registered provider's internal audits and quality assurance processes were insufficient, care plans lacked detail, people's medicine records were not contemporaneous and recruitment processes were not always safe. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found some improvements had been made. However, the registered provider had failed to continue to monitor the service which meant the shortfalls we found at this inspection had gone without being addressed.

- We identified a lack of medicines audits for people. We spoke with the registered manager about this who told us, "I do carry out a medicines audit and will email it over." Although they failed to do this as requested, we did subsequently receive copies of the audits from the registered manager.
- Internal audits had not picked up on the untidy medicines room. Or the lack of robust analysis of accidents and incidents.
- We had recently inspected other services registered to the provider and had identified themes regarding the monitoring of quality and safety across multiple services. Despite this, the registered provider had not carried out a recent quality audit of Eastry House to check the service was meeting the requirements of registration. The last audit was carried out in July 2020. The registered manager told us a more recent audit had been undertaken, however they were unable to provide us with evidence of this.

The lack of robust management oversight by the registered provider was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008.

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

- Everyone we spoke with felt happy with the care they received with one person telling us, "I love the manager because she is fantastic." People also told us, "It's brilliant, the way staff look after us" and, "When I am fed up, I can go to staff and they will cheer me up."
- There was an evident positive atmosphere within the service and it was clear people felt relaxed and comfortable with staff.

How the registered 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 service had a duty of candour protocol which staff had signed to say they had read it.
- Although the registered manager had not received any complaints, we reviewed the statutory notifications received from the service and read where a medicines error had occurred the family of the person had been informed.

Continuous learning and improving care

- The registered manager was determined to improve the service and had made good inroads since they registered in December 2020. They told us, "I revamped the medicines. I plan to turn the office into a sensory room and I am now hoping the internal redecoration will go ahead."
- The registered manager was developing a service improvement plan, telling us, "In January I looked at the recruitment documents to make sure everything was in place. I looked at the training documents to make sure all was up to date and I had a staff meeting planned for today to go through care logs and recording in care plans."
- Staff told us the registered manager had had a positive impact on the service and had started to improve things.

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

- People and staff told us they felt involved in the running of the service. One person said, "We get to make decisions. We do have house meetings – brilliant, they are." Staff told us, "[Person's name] is going to have new lino, they are coming next week to fit it. I suggested that and I was pleased I was listened to" and, "If you have anything you want to say, you can say it."
- Staff meetings were held monthly and topics discussed included care documents, accidents and incidents, safeguarding and people's individual care needs.
- Staff underwent induction and training and had the opportunity to meet with their line manager for regular supervision. The registered manager told us, "I've added some areas which I feel are more suitable for people who live here, like face to face dysphagia training and mental health training."
- Staff told us, "The manager is lovely, she listens and is good with the clients and staff" and, "I do feel valued. [Registered manager] supports me a lot."

Working in partnership with others

- The registered manager had developed good links with the local learning disability team and physiotherapists. They also worked closely with the funding authorities to review people's care needs.
- The registered manager was registered with Skills for Care, telling us, "I am a life-long learner."
- There was involvement from the local community which included the church and school.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure robust recording of accidents and incidents and good infection control systems. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed in their overall management oversight of the service to ensure shortfalls were identified, actioned and improvements were made. |