

# County Healthcare Limited

# Eastlands Care Home

## 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

What life is like for people using this service:

The quality of care provided, leadership and oversight of the home had deteriorated since our last inspection. The provider had recently identified this and taken actions to address it. This included the deployment of a temporary manager experienced in service recovery and improvement. These actions had already begun to improve aspects of the quality of care in the service, but were not yet embedded.

A wide range of checks were completed by staff, the manager and provider to check the quality and safety of the service. We found some areas for improvement which the provider had not recognised. The provider agreed to review their approach and make necessary changes to include these.

People, their relatives, staff and local authority officers were positive about the arrival of a new manager in the home and the actions they had already taken. A deterioration in communication with people and their relatives about recent events had caused anxiety and frustration. The provider and manager recognised this and were taking steps to improve communication with people and the staff team.

There was enough staff on duty to keep people safe but included high numbers of temporary staff supplied via an employment agency. Several staff including senior carers had recently left. The recruitment of new staff had not been successful and remained a challenge. The provider was reviewing how this could be improved, an ongoing project to recruit suitable permanent workers was in place.

People felt the use of agency staff at times effected the experience they had of the service. The manager worked hard to provide consistent agency workers to overcome this.

People were supported to take their medicines in a safe way, but staff did not always have robust details on when to give medicines that were prescribed 'as and when required'. Staff did not consistently complete records to show if people had been given their medicines.

The environment was safe and people had access to appropriate equipment where needed. Staff understood and implemented procedures to reduce the risk of the spread of infection, using personal protective equipment where required.

Staff understood the need to keep people safe and what was required to do this. Staff had received training in this area, and were clear they would report concerns to a manager or appropriate outside agency without delay.

More information is in Detailed Findings below:

Rating at last inspection: At the last inspection the service was rated Good (Report published 4 May 2017). At this inspection we changed the overall rating to Requires Improvement.

About the service: Eastlands Care Home is a residential care home that is registered to provide accommodation and personal or nursing care to a maximum of 35 people. At the time of our inspection, 23 people were living there.

Why we inspected: This focused inspection was carried out in response to incidents that had occurred in the service and concerns that had been raised about the safety and management of the service. We did not inspect the key questions of Effective, Caring and Responsive because ongoing monitoring did not raise any information about risks or concerns in these areas.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve the rating of the service to at least Good. We will require them to provide an action plan detailing how this will be achieved. We will revisit the service in the future to check if improvements have been made.

## 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** ●

# Eastlands Care Home

## Detailed findings

### Background to this inspection

**The 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 checked 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.

**Inspection team:** Two inspectors and an expert by experience carried out this focused inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Eastlands Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Although the service had an experienced manager in place, they were not yet registered with the CQC.

**Notice of inspection:** This inspection was unannounced.

**What we did:** We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We assessed the 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 used all this information to plan our inspection.

During the inspection, we spoke with eight people who used the service, four relatives and a visiting social worker to ask about their experience of the care provided. We also spoke with the interim manager, deputy manager and four care staff who worked at the service. We spoke with the providers regional operations manager and resident experience manager who were visiting the service on the day of our inspection. We looked at records in relation to people who used the service. We also looked at staff files as well as records relating to the management of the service, recruitment, policies and systems for monitoring quality.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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.

### Using medicines safely

- Records to evidence the administration of medicines needed to improve, particularly where a prescription may have changed. Stock balances were not accurate due to shortfalls in recording by staff. The provider had identified through their own audits that staff did not always complete medicines administration records to show that a person had received their medicines. Although this had been identified, improvements had not been made and we identified discrepancies in seven of the nine records we reviewed. We found no evidence anyone was harmed because of this. Poor records do however increase the likelihood that errors will occur. The manager and regional manager agreed to make improvements in this area.
- Medicines were safely stored and destroyed for example, where people refused to take them or they were no longer required.
- People told us they were happy with the support they received to take their medicines.

### Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. However, the records used to monitor those risks such as hydration, nutrition and pressure care were not detailed and were not used to understand progress or risk. The manager and regional manager responded quickly during the inspection and made arrangements to ensure staff were supported to improve the way they recorded information. The manager told us they would increase their checks to ensure progress would be made.
- The manager had implemented daily "Flash" meetings with senior staff to review and action areas of peoples care which had been identified as a priority. This had improved communication between staff and enabled better monitoring of people's welfare. One relative told us, "The staff here are lovely they make the residents feel safe, the new manager here is a lovely person very caring, happy and sociable which is better."
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of an emergency such as a fire.

### Staffing levels

- There had been a high turnover of care workers and senior care workers. New care staff had been recruited, however the provider had experienced difficulties in recruiting senior care workers. Agency nurses were being used to cover these senior vacancies as the role included the administration of medicines. Efforts were made to maintain as much consistency for people as possible. People and relatives told us that this had still been detrimental to the quality of care provided. One person told us, "I think the standards have slipped because of the amount of agency staff, they just don't know what to do like the staff do." "The senior staff are run ragged" said one relative. Another relative said "They have lost a lot of staff recently, but [Manager] is doing their best to get more permanent staff"
- The provider had ensured enough staff were on shift so that people received support in a timely way. A tool

was used to monitor the number of staff required, based on people's needs.

- We saw all staff had been recruited safely by the provider and safety checks completed by the recruitment agency for temporary staff.

#### Safeguarding systems and processes

- The provider had effective safeguarding systems in place and all staff interviewed had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training.
- The provider had reported, as required, any safeguarding concerns to the local authority and the Care Quality Commission without delay.

#### Preventing and controlling infection

- The service managed the control and prevention of infection well. A programme of refurbishment was ongoing to replace furniture and flooring which had become worn.
- Where malodours were noted staff quickly responded and the housekeeping staff understood how to maintain good hygiene.
- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

#### Learning lessons when things go wrong

- The staff did not always review risk assessments and care plans following incidents. Where community professionals had recorded that actions needed to be taken, staff had not always evidenced that they had been addressed. The manager agreed to do this in the future.
- Evidence was available to show that when something had gone wrong the manager responded appropriately and used any incidents as a learning opportunity.

# Is the service well-led?

## Our findings

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

Service management and leadership had been inconsistent. Aspects of leadership and management did not consistently assure person-centred, high quality care.

Engaging and involving people using the service, the public and staff

- The provider's systems for engaging and communicating with people and their relatives at Eastlands Care Home had deteriorated prior to the arrival of the new manager.
- People told us communication could be improved at the service, for example one person said, "I am not aware of any changes that go on in the care home". A relative said, "I think the worst thing of this care home is communication, it is non-existent. We have no meetings and no letters either by e-mail or when we come to visit, I think by doing this we would all feel much happier."
- People and their relatives were positive the new manager would improve communication and levels of permanent staffing would improve once the manager had, "Found their feet."

Leadership and management

- There had been two changes in management of the home during the past year. The previous manager had left after a short period. Several senior carers had left the service during this period. This had led to instability in the leadership and oversight of the service.
- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by the response and action plan implemented when shortfalls were identified. However we found that areas repeatedly identified for improvement, such as gaps in medicines administration records, had not yet improved.
- An experienced temporary manager had been deployed to work at the service for the foreseeable future. They were supported by the provider's resident experience team who provide training and carry out audits of the quality of care provided. This enabled the manager to focus on building relationships with people, their relatives and community professionals, and build confidence and competence in the staff team.
- The manager had quickly built up relationships with people living at the service and provided them with direct support. This enabled them to gain an understanding of people's needs as well as mentoring staff to improve their practice and skills.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider's regional operations manager had taken action when quality assurance systems identified shortfalls in the quality of care provided. They had deployed additional resources to support the recovery of the service, and implemented an action plan with timescales. This was used to measure and drive improvement.
- The regional operations manager and new manager had worked closely with the Local Authority's quality assurance team who told us that they had quickly established a positive and productive working



relationship.

- A social worker who was visiting told us "[Manager] is working with us."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider's quality assurance staff visited regularly and produced a report of their visit that included speaking with people and staff about their experiences of the service. This was used to drive improvement and measure progress.
- Staff understood the need for improvement in the provision of care in the home and the manager's plans to achieve this. They welcomed this and were positive and enthusiastic about achieving it.