

Bureaucom Limited**Eastfield****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 **Overall summary**

The inspection was carried out on 26 October and was unannounced.

The service provides care for older people some of whom can no longer care for themselves at home or who have a diagnosis of dementia. Eastfield is a homely, warm and welcoming residential home with a positive and friendly atmosphere. At the time of our inspection the service was providing support to 43 people and had no vacancies.

There was a registered manager employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

All the staff were very committed to providing person centred individualised care. Staff at the home were open to trying new ways of caring for people with dementia, such as using Ambient Odour sessions which has also benefited everyone else living at the home.

Summary of findings

Staff were very aware of each person's potential and encouraged everyone to maintain and build on their independence. All staff were really engaged with all the people living at the home, they were caring and sensitive to their needs.

The registered manager supported all the staff, making sure that staff had the opportunity to share ideas or concerns and issues. Staff spoken to said that the manager always has time to listen to them and they feel part of the larger team. We found that all the staff were committed to providing the best service they can. Staff said that there is always a good atmosphere, and it is a happy place to work, their positive attitude was also picked up by the people they are looking after. There were so many smiling faces during our inspection.

There was enough staff to meet people's needs and to ensure they were able to access activities in and out of the home. The provider operated safe and robust recruitment and selection procedures. The manager also asks some of the residents to meet with recruits and give their opinion.

Staff protected people's privacy and dignity. All communications between staff and people were caring and respectful. Staff were patient, kind and compassionate. It was apparent that the people were extremely fond of all the staff, there was lots of eye contact and appropriate touching such as holding someone's hand, people were obviously comfortable and happy talking to the staff.

We saw that staff had learnt from previous safeguarding, for example we saw new measures had been introduced to audit the medicine administration more effectively to keep people safe. There were very comprehensive audits carried out by the management team to ensure the high quality of the service was being preserved.

Records and conversation with the registered manager, staff and relatives showed that people were listened to and complaints or concerns were taken seriously and responded to appropriately. There was a clear complaints procedure which was available in people's rooms and another copy was available on the notice board.

Each member of staff had received training to make sure that they had the skills and understanding to carry out their job role safely. All staff were given the understanding to work with people who have a diagnosis of dementia

no matter what their job role was. We saw that staff training was up to date and refresher courses had been booked in a timely way. Each member of staff at regular supervision, and they also had an annual appraisal.

Staff had received training in Mental Capacity Act 2005 (MCA) to make sure they understood how to protect people's rights. There were guidance in relation MCA and people were asked for their consent before staff carried out any care or treatment. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff ensured that people were supported in ways that did not restrict their freedom and were looked after appropriately.

All of the comments about the food were excellent. Food was all home cooked and much of the food was locally sourced. Staff supported people with dementia exceptionally well to maintain their health by ensuring people had enough to eat and drink. They found ways of making sure people who were reluctant to sit and eat had food items and drinks available that they could pick up, eat and drink whilst walking around the home. People's food and drink intake was monitored closely by the staff and when there were concerns, staff responded quickly trying new ways to tempt the person to eat.

The registered manager had looked at different ways to enhance people's lives in the home. They had taken the advice from care professionals and looked at new innovative ways of minimising for example disruptive behaviour at certain times of the day. Staff had worked with the registered manager on implementing new ways to improve the standard of living for all the people. Staff were very enthusiastic about what they had been able to do to improve people's lives.

People who used the service, family members and external agencies were highly complementary about the standard of care provided. The registered manager involved families and other agencies to ensure people received the support they needed to express their views and make decisions that were in their best interests.

Activities were a very important part of what happened in the home on a daily basis. We saw different activities happening, appealing to different interests or abilities of the individual. We saw people being encouraged and supported to engage with the activities they wished to

Summary of findings

part of. The Friends of Eastfield often help with activities by arranging themed nights. Outings were very much looked forward to, and staff told us they are always trying to think of new suitable places to go.

The registered manager used effective systems to continually monitor the quality of the service and had ongoing plans for improving the service people received.

The provider gathered information about the quality of their service from a variety of sources including people who used the service, their family and friends and external agencies. This was used to enable the registered manager to identify where improvement was needed and to implement and sustain continuous improvements.

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 knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate agencies.

People were protected from the risk of harm because the provider had systems in place to manage risks. Medicines were managed safely and recruitment procedures ensured the employment of suitable staff.

People's needs were regularly assessed and sufficient staff were rostered to meet their needs.

The premises and equipment were regularly maintained to protect people from harm.

Accident and incidents were recorded and learnt from to minimise the risk of further occurrences.

Good



Is the service effective?

The service was effective.

The registered manager sort out new innovative care to improve the care and support they offered in the home.

Staff understood how to apply the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards to ensure people's rights were protected.

Staff were skilled in meeting people's needs and open to new ideas to improve people's quality of life.

People's dietary needs were extremely well catered for and people were supported to stay healthy, active and well.

Good



Is the service caring?

The service was caring

The registered manager and staff provided person centred culture which put people first.

People had positive relationships with staff that were based on respect and trust. People were treated with dignity and their confidentiality was respected.

Staff were open and committed to new ideas to improve the lives of the people living at Eastfield.

Good



Is the service responsive?

The service was responsive

The service was flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and opinions were sought and listened to.

Good



Summary of findings

Is the service well-led?

The service was well led.

The leadership and management of the service meant people received an effective service.

The registered manager promoted strong values and a person centred culture which was supported by a committed staff group. The registered manager ensured this was consistently maintained.

The service worked effectively in partnership with other organisations and forged positive links with the community health professionals

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were robust systems to ensure quality and on-going improvements to the service. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

Good



Eastfield

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 checked whether the provider was 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.

We visited the service on 26 October 2015 and the inspection was unannounced. Two inspectors and an Expert by Experience conducted the inspection visit. The expert-by-experience had personal experience of caring for older people with dementia.

Before our inspection we reviewed all the information we held about the service including notifications received by the Care Quality Commission. A notification is information about important events which the home is required to send us by law.

During our inspection we spoke with 11 people and six relatives about their experience of the service. We spoke to the registered manager, five members of care staff, the cook and two domestic staff. We also had the opportunity to talk with a district nurse who was visiting people. A member of the provider's management team also visited in the afternoon and we were able to feedback our findings to them with the registered manager.

Thirty people at the home could not communicate with us directly because of their dementia, but two of the relatives spoken with had a family member in the home living with dementia. We observed the care provision through the day. We spent time looking at records, which included six people's care records and daily notes, menus, staff rotas and four recruitment records and records relating to the management of the service.

At the previous inspection on 2 July 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People who were able to talk with us told us they felt safe at the home. One person said, “I feel safe it doesn’t really worry me never thought about it”. Relatives told us that they felt the people were safe at Eastfield.. One relative said, “Oh yes its safe. The staff are so caring, they call me if there is the least little thing and they are on top of things straight away”. Another said, “It is safe, obviously things happen sometimes, a person might fall, but that would happen where ever they are, staff try their best but they can’t be behind people all the time. I have no concerns”.

People were protected from potential harm and abuse by staff who had been trained in and understood the safeguarding policies in the home. All staff we spoke with, including ancillary staff such as housekeeping, told us they attended the privacy, dignity and safeguarding adults training. Policies were in place in relation to safeguarding and whistleblowing procedures. There was a copy of the local authority safeguarding procedures in the office which was also accessible. There was a list of the names of people to contact on the wall in the office, easily accessible to staff if they suspected or thought any abuse had been committed.

Staff told us they were aware of the whistleblowing policy and procedure and they had easy access to the paper copies of all procedures. Staff were knowledgeable and able to describe the various kinds of abuse. They would report anything of concern to their supervisors and provide a written report of their concerns. Staff were clear about the correct procedure they would follow should they suspect abuse had occurred. The registered manager was aware of their role and responsibilities in reporting any safeguarding concerns to the local authority or police.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people who needed safeguarding. The home had a small staff turnover, therefore there was only one new staff member who had been employed recently. Appropriate checks were undertaken before staff started work. Pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants’ identity. As part of the staff recruitment process, some people who used the service were given an opportunity to meet and spend some time with applicants

for post. They asked them questions and afterwards told the registered manager what they thought about the applicant. This made sure people felt comfortable and safe with staff who could in future be supporting them.

The registered manager checked the assessed needs of all the people living in the home at least monthly or more often if there was a sudden change in someone’s needs. In this way they made sure that there was always enough staff to care for people appropriately according to their current needs. We saw that there were enough staff to meet people’s needs and provide personalised care and support. Staff were always present when people spent time in the communal areas and people who were spending time in their rooms were checked regularly. Staff told us they liked to visit people in their rooms so that they do not become isolated. Staff responded quickly when called so that people did not have to wait for support or assistance. One person said, “There are enough staff”, and another said, “Staff are very pleasant and here to help us”. One relative said “There are enough staff – always people about. I have not met one bad member of staff”. Another relative said, “There is sufficient staff they work hard”. Staff said they thought there was enough staff on duty to meet people’s needs, they said we know our manager will always put more staff on shift if it becomes necessary. The home did use agency staff if necessary to make sure there were enough staff on duty. However, to maintain continuity they have been using the same three staff. They were used to covering any staff absences such as holidays or illness. There was flexibility in rotas to allow for additional staff to provide support for special activities and outings. People’s dependency level was reviewed at least monthly and before if necessary to make sure there were sufficient staff to provide the care and support people required. The registered manager also looked at the way staff were deployed throughout the week to make sure that they staff were on shift when they were most needed.

There were effective systems in place to manage risks to people’s safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas electrical systems, hoists and the stair lift to make sure people were protected from harm. People were protected from the risk of harm because learning from accidents and incidents took place. A range of environmental risk assessments had been conducted and recorded. These

Is the service safe?

covered both the internal and external areas of the home. The risk assessments identified specific hazards and control measures, which had been put in place to minimise the potential risk to people.

All medicines were stored securely and at safe temperatures. Staff who handled medicines were trained to do so and their competence was checked by the registered manager several times a year as part of their ongoing supervision. Support was received from the local pharmacist who dispensed people's medicines into a monitored dosage system. Records showed that a full audit of medicines, including people's Medication Administration Records (MAR), took place each week. Medicine records were also checked and handed over to each incoming senior staff member on shift. As part of that hand over information would be given of any changes in people's medicines.

Where medicines would be given PRN (as necessary) there was a written protocol for these. The application of prescribed topical creams/ointments was clearly recorded on a body map, showing the area affected and the type prescribed. Information about the management of medicines was easily accessible by staff and guidance was available which described safe dosages and how to recognise any adverse side effects.

A fire safety policy and procedure was in place, which clearly outlined action that should be taken in the event of a fire. A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible. Records showed that all necessary checks were carried out on equipment and installations such as gas and electricity. This ensured they were safe and in good working order. All the staff took part in fire drills each year to make sure they understood what to do to keep people and themselves safe. Each person had an up to date personal emergency evacuation plan (PEEP), each plan also had a photo of the

person. These plans were kept in an easily accessible place and included important information about the care and support each person needed in the event they needed to evacuate the premises or in an emergency. Also available was a bag of items that may be useful in that situation. It contained hyperthermia protection blankets, touches and high visibility jackets. On each floor of the home they have an Albac-mat, these would be used for people who are not able to mobilise in an emergency evacuation of the area or home. These were demonstrated to staff several times a year to make sure they know how to use these safely should the need arise. The registered manager made sure that in the event of an evacuation people's safety was protected.

Visitors enter into a large open area which contained the dining tables and two lounge areas. This has the benefit that residents can see and welcome visitors. They feel more engaged and involved in the life of the home. The communal areas on the ground floor are divided in to smaller spaces with a dining area and several areas where people can choose to sit giving a homely feel. There are bedrooms available on both floors of the home and all offer single en-suite facilities. The spacious living area is ideal for people who use wheelchairs and/or for people who like to walk about. People had easy access to a well maintained garden and some raised beds provided opportunities for people to be involved in growing flowers. The registered manager has recently started using colour in the bedroom areas to help people with dementia locate their own bed rooms and to easily recognise the toilets are near the communal areas. The seating areas are practicable with a mixture of seating and small tables between for people to place personal items, such as a book, their tea or coffee. The home has been well maintained, and people had been encouraged to choose the colour they want their bedrooms and personalise their rooms with favourite things from home.

Is the service effective?

Our findings

One person said “I like breakfast, I can have what I want” and then added “Everyone eats the food here”. Another person said, “The food is good and I feel like I am being served by a friend” and a third said, “The food is very good and we eat together a lot which is nice”.

We observed the chef serving meals in the dining room enabling people to communicate directly with the chef. For example, if they wanted a choice of portion size or if they wanted to change from an earlier choice. If staff could see that a person with dementia did not understand what the choices were then the meals on offer would be shown to them. We observed staff checking with people, making sure the food was to their liking and preference. Staff offered people assistance and encouragement as needed. People were offered choices and extra snacks if they wanted. A relative told us “My mother is bedfast and she still gets a choice of meals”. Staff in the kitchen were informed of people’s dietary requirements and preferences when they were admitted to the home, or if a change was requested by a health and social care professional. There was clear information to alert staff if a person had a food allergy. There was comprehensive information where necessary of any eating or drinking issues and how staff should assist people with their meals. Staff were aware of people’s individual preferences and patterns of eating and drinking.

The amounts people ate and drank had been recorded so that staff could monitor people’s health. Staff understood that poor hydration could lead to older people becoming confused, and more confused if they were also living with dementia. People who had become at risk of losing weight were monitored and referrals were made quickly to dieticians or the GP when necessary. There was a strong emphasis on making eating and drinking an enjoyable part of the day. Positive staff relationships were used to encourage those who were reluctant or had difficulty in eating and drinking. For example, some people did not like to sit down for long. Staff made sure their meal was ready for them as soon as they were persuaded to sit at the table.

Nutritious finger food was also made available, so if people did not want to sit and eat a meal at the table, they could help themselves whilst walking about. Staff monitored this and recorded the amounts people did manage to eat. They gave extra encouragement to people who had not eaten sufficient amounts of food. This approach made sure

people’s dietary and fluid intake especially those living with dementia was well managed. Staff told us a designated member of kitchen staff visited each person every morning to see what the person’s food preferences were for the day. We observed the menu was varied, and was displayed prominently on the main notice board. Alternatives were offered if a person did not want what was on the menu.

The chef told us about how they used, wherever possible, ingredients which were as natural as possible to enhance healthy meals. For example, artificial sweeteners were used for people with diabetes. The registered manager read an article which said that aspartame an ingredient in many sweeteners can cause agitation and aggression for people with dementia. They changed to using only natural sweetening which diabetics could have. The registered manager and staff noticed the difference very soon after changing to the natural sweeteners. These changes were evident in the people’s plan of care.

People who displayed behaviours that others may find challenging benefited from behavioural management within the care and support plans. These informed staff of how to keep people and others calm and safe. This prevented anxieties and behaviours escalating. From the incident reporting and staff observation it was apparent that the evening was the time when incidents of challenging behaviour and heightened anxiety had been more common. The registered manager asked the advice of the mental health nurse if there was a way the behaviours could be managed without having to increase the person’s medication. The nurse told the registered manager about Ambient Odour sessions. These were introduced as another means of creating a calming atmosphere. This was achieved by using lavender and other herbal relaxing smells. Chamomile hand creams were also used as hand massage before going to bed. Twinkling and dim lighting with relaxing sounds, along with people being offered chamomile and herbal teas also helped people to sleep. Staff and the registered manager were very enthusiastic about this and it had been in place for a couple of weeks as a trial. A staff member had been put on the rota to manage this. Staff had been pleasantly surprised at the difference this had made and it was now going to be part of the evening routine. People went to bed less anxious and slept better at night. People with dementia were not the only people benefiting from these changes; other people living

Is the service effective?

in the home had also noticed the changes and appreciated the calming effect. The registered manager and staff were open to trying new ways to improve the life for people in the home.

All care staff were trained in the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about the requirements of the legislation. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. People's mental capacity was assessed when necessary. Meetings were held in people's best interest and applications for DoLS were submitted when appropriate. They told us that where people were currently subject to a DoLS, these were granted by the local authority due to the constant supervision required to ensure their safety, especially when going out into the community.

Staff gained consent from people before care was delivered. Staff told us how they enabled people to make decisions, enabling them to have their choices and preferences catered for. Records showed us how staff implemented support to enable people, who may have limited capacity, to have their individual needs and preferences on a day to day basis at the forefront of their receiving care. For example, one staff member told us "If people are not able to make decisions, then you encourage (them) with a positive manner, suggest, explain, be aware of the way you present yourself to the person, smile".

Do not attempt resuscitation forms were in place in line with nationally recognised best practice. People and their families were supported to review these decisions with a health and social care professional. If people had accidents or staff had concerns about people's health, the emergency services were called or staff sought advice from other health and social care professionals such as GP's, CPN (Community psychiatric nurse), and dieticians. Handover meetings took place at each change of shift so that staff coming on shift were aware of how each person had been that day. This ensured that staff were kept updated about people's needs.

All staff told us they had regular supervision and they were given a written copy so that this could be recapped at the next supervision. Staff met with their supervisors to discuss

their work, on a monthly basis. The conversations were normally about their observed performance, about work issues and about their personal development. Staff were asked how the training they had undertaken had improved their skills, and how they had been able to use it to improve the quality of life for people. One staff member said "at supervision we talk about the training we have done and how we have used that during our working day. We can also ask for particular training if we feel it would be useful to us. We also receive praise when we have done well, it makes me feel extremely valued". The registered manager was committed to giving staff the opportunity to learn and progress with in the home and organisation.

Staff spoke about the training they received and how it equipped them with the skills to deliver care effectively. New staff confirmed that their induction gave them a full understanding of what was expected of them in order to meet people's needs and keep them safe and happy. New staff were completing the care certificate. When this work has been completed, the certificate could go towards a nationally recognised qualification in social care. All staff received training that relates specifically to the needs of people with dementia, diabetes, stroke and challenging behaviour. This gave staff the skills and development opportunities to provide effective care and make improvements where appropriate. All care staff undertook training basic to all carers, these courses included infection control, moving and handling, food safety and first aid.

The registered manager had designated two staff to train as dementia champions in the service to actively supported staff to make sure people living with dementia experience good healthcare outcomes. Two members of staff were supported by the provider to be dementia care friends and they now champion best practice in the home. One Dementia champion told us how this role supported other staff to develop person centred care for people living with dementia. For example by distracting the person talking about things they were interested in and gaining their trust. People would be more likely to accept the care being offered to them. They also told us how they were preparing for a presentation to a community group as part of their competency requirement. Staff told us that they had found it useful being able to ask for suggestions when they were finding it hard to provide care. One staff member said "I know it is best to leave people if they do not want assistance, and go back but I never felt right about this.

Is the service effective?

Talking to them has made me more confident about this". By supporting the two staff in this way, the remaining staff were improving their skills and understanding. Therefore improving the way people with dementia were cared for.

The service worked effectively in partnership with other organisations and forged positive links with the community health professionals. Staff recorded and followed instructions from visiting health professionals. We spoke to

one community nurse who said that the staff were excellent at keeping them informed about their patients. They told us "If I ask staff to do anything in regards to my patients', I know that will be done. I know if staff are not sure about anything they will ask. Communication is very good here as is the care staff provide". All visits from health professionals were recorded and passed on at staff handovers between shifts.

Is the service caring?

Our findings

People's feedback about the service described it as exceptional. One person told us, "Staff are smashing, cracking". One person told us, "People are kind to them, (there are) plenty of staff. Staff will come straight away (if they needed assistance)". A third said, "Staff are lovely- very relaxed. They are very pleasant and here to help us". People valued their relationships with the staff team and felt they went the extra mile when providing care and support. A person was heard to say that the staff "Are all very nice here" another said "You could not ask for better staff, nothing is too much trouble". As a result people felt cared for and that they mattered.

The service had a strong visible person centred culture. They were also good at helping people to express their views so that they understood things from their point of view. We observed people, their family and visitors approaching staff at any time and staff were open and helpful. One member of staff told us they "Know residents well and I'm always respectful" and they told us how important it was to ask people before any interaction.

People and their families had been very involved in the formation of the care and support plans. The staff asked what sort of routine people liked during the day. They also looked at other care related topics such as likes and dislikes, medicines, physical care, psychological support, social needs. One person said, "I chose what time to get up and when to go to bed" and another person said, "I come and go when I want to, its agreed, so nobody says anything to you". Where people cannot communicate well families are very involved in the formation of the plan. One relative said "I am involved in decisions and care plans for Mum". We have had an end of life discussion with the GP and manager. Mum made it clear what she wanted and it was all written down". Another relative said "I can have an input on decisions, but there is no need as it is all in place. I can go home and not worry about Dad".

Staff were enabling people to remain independent and have an in-depth appreciation of people's individual needs around privacy and dignity. One member of staff described how staff enabled people to maintain their independence at breakfast. They made it possible for them to serve themselves as they wished. Staff told us a risk assessment

like care plans were completed with the individual. For example, one person liked to clear the teacups and staff supported this person to manage this, they were very happy with the arrangement.

The registered manager and staff had worked together with people and their families to develop detailed individual care and support plans regarding communication. These included descriptions of the person's gestures and body language they may use if they are not able to communicate effectively verbally. There was information for staff about how to recognise when people were in pain or unhappy, which was important for people whose dementia meant they could not verbalise these easily. Staff had all the information they needed to help them to understand what people were saying or how they were feeling so that they could respond appropriately to people's requests and expressed needs. The care plans also looked at the personal care that people needed assistance with, plus importantly what people could do for themselves. People who could talk to us told us the staff were good at communicating with all the people in the home. One said "Communication is so good", another said "Some residents can't tell you, but staff seem to know instinctively what they need". We also saw a picture board in use, this helped people because they could point at things to make themselves understood.

Staff were motivated and inspired to offer care that was kind and compassionate. One staff member told us, "I think as if they were my own parents, I want to help them, how they want to be helped. I spend time with each person". We all try to find out all we can about individuals so we can use this to improve the care we provide. Staff told us about their awareness of the need to ensure dignified and compassionate care at the end of life. Staff were also very aware of the care and support the relatives and friends of people who were dying needed. They said they treated them with empathy and a listening ear when they want to talk. Showing them understanding, offering them comfort.

One relative told us "There are no restrictions on visiting, when Mum was poorly earlier in the year I was encouraged to come in at any time, and stay as long as I wanted". Another relative said "The staff are good listeners, thankfully, they're always ready with a cup of tea and I feel comfortable talking to them". We observed staff welcomed all visitors on their arrival and they spent time with relatives

Is the service caring?

if this was needed. We saw there were no restrictions on visiting times although a notice on the board did ask visitors to avoid meal times if possible. One person said, "Family and friends visit, they come when they want to".

People's dignity and privacy was respected by all staff. We observed that staff knocked on people's doors before entering to give care. Staff described the steps they took to preserve people's privacy and dignity in the home. People were able to state whether they preferred to be cared for by all male or all female staff and this was recorded in their care plans and respected by staff. We also saw that all staff stopped and spoke to people when walking through their communal space. For example, we saw a member of the kitchen staff walk through, a person who has dementia

called to her and she went to them, and spoke at their level. We saw both were smiling, other people then joined the conversation but the staff member did not rush away. We saw this often during the day where staff stopped to talk with people who spoke to them, it was obviously an embedded practice of the staff, and showed a great deal of respect for people by all staff.

People were able to personalise their rooms as they wished. They were able to choose the décor for their rooms and could bring personal items with them. One person told us that they had chosen the colour of the paint for their room and showed us the ornaments and pictures they had brought in to the home.

Is the service responsive?

Our findings

People had lots of activities to choose from both in and outside the home. One person told us “There are activities such as bingo and quizzes. I like to take part in things as it stops you being miserable. I enjoy the singing and now we are getting ready for Christmas”. One relative said “There are lots of activities, there is always stuff going on”. A visitor said that “Residents make things and then have their own little table to sell them at the Christmas Bazaar. There will be a bonfire night tea with fireworks and sparklers and then afterwards a form of bingo”

People and their families were very complimentary about number of activities arranged both in and outside the home. Many people were enabled to lead full and meaningful lives. Staff engaged with people in various activities during the inspection visit. For examples one group played dominoes, at another time another group engaged in carpet bowls. The activities taking place were advertised on the activity programme seen on the main notice board. In the morning we saw an activity person going around with a photo of the PAT dog (Pets As Therapy) that would be visiting the home later that morning. It was apparent that people were looking forward to seeing the dog, which visits the home regularly. The dog spent time with people that like to pet him; some people had a treat to give the dog. We saw people really responded positively to the dog, and their faces showed just how happy they were. The activity co-ordinator made sure the activities would appeal to peoples different interests or abilities. During our visit there were also carpet bowls an evening a quiz and one to one time with some people who find group activities difficult to be part of. There were also events arranged by the ‘Friends of Eastfield’. They arranged lots of themed evenings. For example people told us about some of these special evenings they had enjoyed which included Halloween and a musical evening. Outings included the local pub, coffee shop, and garden centres.

The registered manager and staff were always looking for new ways to enrich the lives of people living at the home. They had recently taken part in Care Home Idol which was supported through Care UK. They entered the competition and called it ‘The Hall of Fame’. It was run by the activity coordinator and some of the people living at the home. It was a way of increasing the number and effectiveness of the activities that people take part in in the home. People

recited their favourite pieces of poetry and rhymes including personal pieces they had written. They also had people singing, they made it in to a show that they put on for family and the staff at the home. This was recorded but the registered manager made sure that people in it had signed a consent form or their faces were not shown on camera. The registered manager said it is not important whether they win or not, it was worth it for what people achieved and the buzz it brought about in the home.

Staff were observed interacting and engaging people in conversations. During lunch for example, people were having social conversations with each other as well as staff. There was an atmosphere of liveliness and engagement. There were lots of one to one conversations with people who found group activities difficult, this made sure that all people had a form of motivation on a regular basis. People told us that they did have the opportunity to go out from time to time. One person said “none of us are that keen to go out in winter, we prefer to stay in the warm.”

Another person said, “I like to go out for a coffee, we go to a garden centre sometimes, they have a place where we can sit and have a drink and a piece of cake”.

People experienced a level of care and support which promoted their wellbeing and meant they maintained control of their lives. Records showed us that care and support plans were regularly reviewed and changes were made in response to a people’s changing needs. Care and support plans were person centred and took into account a person’s lifestyle history and choices. Their care and support was planned with them and the people who mattered to them. Relatives were involved particularly when a person had a diagnosis of dementia. They on behalf of their relative were fully involved in identifying the person’s individual needs, wishes and choices and how these should be met. They were also involved in regular reviews of each person’s care plan to make sure they were up to date. People’s plans were reviewed every six months or sooner if their needs changed and they were provided with support that met their needs and preferences.

Relatives described how responsive staff were, that they were kept informed of any changes in their relatives condition. They told us they had been involved in their relative’s care and support plan. These documented for example people’s preferred routines, interest, and their preferred communication methods. We observed staff used

Is the service responsive?

people's body language and behaviours to respond to people who did not verbalise. The activities co-ordinator used a whiteboard to communicate with a resident who had trouble understanding spoken communication.

A relative told us about the experience of making a complaint they said, "I have no complaints, if I did I would go to the registered manager, she is really approachable and does not make you feel awkward about asking anything". There was a comprehensive policy about dealing with complaints that staff and registered manager followed. This ensured that complaints were responded to. If complaints could not be resolved to people's satisfaction,

there was information for people to take the complaint further within the organisation, or to independent services including social services or the local government ombudsman. The registered manager had a complaints log; this made it easy to see if there were any patterns to the complaints so that action could be taken to prevent the same issues in future. People were very confident that if they wanted to complain they would be taken seriously. We were told, "If I was unhappy I would mention it to staff but I have had no occasion to complain it's all very good". Others said, "I have never needed to make a complaint" and "I have nothing to complain about".

Is the service well-led?

Our findings

This home had a very happy warm atmosphere and staff visibly enjoy their work. People knew the registered manager well. Those who could tell us said they saw her around the home all the time. One said “She is never too busy to talk to us. She is always bright and cheerful, a ray of sunshine!” Relatives were positive about the care their family members received. They said, ‘The manager is really approachable and the staff are happy working here, all that comes across and makes for a happy home, and “The manager leads by example I think, she has time for all the residents and this is picked up by the staff”.

The aims and values of the home were to promote equality and diversity, respecting people as unique individuals as a way of promoting person centred care for all. The registered manager demonstrated passion and commitment to providing an excellent service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities. Staff demonstrated this commitment to implementing the aims and values of the home, by putting people at the centre when planning, delivering, maintaining and improving the service.

Staff provided care and support in a way that aimed to deliver the best possible outcomes for people. This was evident in the way staff and the registered manager had managed some innovative care delivery. For example, how they had introduced new ways of creating a calming atmosphere to help people to feel less anxious and sleep better. Putting staff forward for training to become a dementia friend so that they will help other staff to have a better understanding and take on more responsibility to progress within the home and organisation. These were being designed to improve and enhance people’s quality of life.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited and annual surveys. People and their families told us that communication was excellent with both staff and manager. Surveys are sent out annually, feedback was produced along with an action plan to make sure any improvements required were actioned.

Minutes of the last residents and relative meetings were displayed on the notice board. One person told us “I raised at a resident meeting that there were not enough outings. Outings have increased”. The registered manager had implemented a simple but effective system to make sure that all meetings held in the home were recorded and any necessary actions required were identified and achieved in a timely way. We saw that minutes of the meetings had an attached action plan, these detailed the way in which the staff would make improvements based on people comments and suggests. It also documented who was responsible for making sure the changes happened. For example, staff were asked to help the activity coordinator on nice days by taking people out to the garden. This was actioned and it was the responsibility of the registered manager to make sure it happened.

There were also regular staff meetings; they included meetings for all staff, senior staff and kitchen staff. In August the action plan for the all staff meeting stated that all staff needed to read the safeguarding and whistleblowing policy and procedure. Staff signed a sheet to say they had done this. The action plan showed that by September all staff had signed to say they had read it. The action plan also asked that the kitchen be deep cleaned, the chef was responsible making sure this was done and that it had been achieved and signed off by the 31 August 2015. Minutes of staff meetings showed that staff were able to voice opinions. Staff told us there was very good communication between staff and the management team. The registered manager had taken account of people's and staffs’ input in order to take actions to improve the quality care and the support people were receiving.

There were comprehensive systems in place to review the quality of all aspects of the service. The systems had been reviewed and changed where necessary to ensure they captured all the information needed. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. The manager had delegated these audits to staff in most cases. In this way the registered manager empowered staff to take responsibility. It enabled staff to get the skills and understanding they will require to develop themselves for future progression in the home or organisation. The registered manager had their own weekly and monthly check list. The registered manager also checked that the action required was undertaken in a timely way depending on the level of risk it had on the

Is the service well-led?

people living the home. The registered manager monitored and analysed all accidents and incidents and reported these to the provider as part of a monthly report for their further analysis. The registered manager explained that they used the information to see where improvements and adjustments could be made to minimise the risk of the accidents or incidents occurring again. The registered manager had acted promptly when it was noticed that there had been a medication error, with a person not receiving medicines that had been prescribed. The registered manager informed the local authority safeguarding team and CQC of the omission. The person's GP was also consulted to make sure appropriate advice was obtained so that the person was safeguarded. The registered manager immediately investigated and put additional audits in place to minimise the likelihood of this happening again.

The provider had updated policies and procedures that covered every aspect of the service. These were reviewed in a timely way, and were available to all staff. These comprehensive policies were specific to the home and to the needs of people who lived in the service. Others were specific to how the service needed to be run.

The manager was aware of when notifications had to be sent to the CQC. These notifications told us about any important events that had happened in the home. Notifications had been sent to tell us about incidents and accidents that had an impact on the people in the home. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.