Eastgate Care Ltd

Park House

Inspection report

Cinderhill Road
Bulwell
Nottingham
Nottinghamshire
NG6 8SB

Tel: 01159771363

Date of inspection visit:
02 May 2017
03 May 2017

Date of publication:
02 June 2017

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

This inspection took place on 2 and 3 May 2017 and was unannounced.

The provider is registered to provide accommodation for up to 68 older people living with or without dementia in the home over two floors. There were 59 people using the service at the time of our inspection. The home provides nursing care for older people.

A registered manager was in post and was available throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to keep people safe and understood their responsibility to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and not unnecessarily restricted.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Safe medicines and infection control practices were followed by staff.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink. External professionals were involved in people's care as appropriate and adaptations had been made to the design of the home to support people living with dementia.

People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received care that respected their privacy and dignity and promoted their independence.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs, though activities could be further improved so that more people could access activities outside the home.

Complaints were handled appropriately. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the

service. Staff told us they would be confident to raise any concerns with the management team and appropriate action would be taken.

The registered manager and provider were meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

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.

Staff knew how to keep people safe and understood their responsibility to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and not unnecessarily restricted.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Safe medicines and infection control practices were followed by staff.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink. External professionals were involved in people's care as appropriate and adaptations had been made to the design of the home to support people living with dementia.

Is the service caring?

Good

The service was caring.

Staff were kind and knew people well.

People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received care that respected their privacy and dignity and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their

needs. Care records contained information to support staff to meet people's individual needs, though activities could be further improved so that more people could access activities outside the home.

Complaints were handled appropriately. A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident to raise any concerns with the management team and appropriate action would be taken.

The registered manager and provider were meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

Park 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 for the service under the Care Act 2014.

This inspection took place on 2 and 3 May 2017 and was unannounced.

The inspection team consisted of an inspector, a specialist nursing advisor with experience of dementia care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service and Healthwatch Nottingham to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with nine people who used the service, five visiting relatives or friends, the chef, a domestic staff member, a laundry staff member, the activities coordinator, four care staff, a nurse and the registered manager. We looked at the relevant parts of the care records of five people who used the service, three staff files and other records relating to the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that they felt the home was safe. A person said, "Yes I feel safe here because I'm well looked after." Another person said, "Yes I feel safe here because [staff] never leave you, there's always someone buzzing about."

Staff were aware of safeguarding procedures and the signs of abuse. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was available to give guidance to people and their relatives if they had concerns about their safety. Appropriate safeguarding records were kept by staff of any safeguarding referrals they made and appropriate action had been taken to reduce further risks.

People told us that they kept safe but were not unnecessarily restricted. A person said, "If I want to I can go out when I like. When my [relative] comes sometimes we'll go out."

People told us that staff supported them to move safely. A visitor said, "Yes [staff] use the hoist in a safe way, I've seen them." We observed people being assisted to move safely and most staff used moving and handling equipment appropriately. However, we saw that on two occasions wheelchair brakes were not applied when staff were assisting a person to move from their wheelchair. This could put the person at risk of avoidable harm. The registered manager told us they would address this issue immediately.

Risk assessments were completed to assess risks to people's health and safety. These included whether they were able to have a key to their bedroom, whether staff should administer their medicines, and risks of moving and handling, falls, nutrition, and pressure ulcers. When bedrails were used to prevent the person falling out of bed, risk assessments were completed to ensure they could be used safely.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans and the involvement of external professionals. Accidents and incidents were analysed to identify any trends or themes so that actions could be taken to reduce any risks of them happening again. This included referring to external professionals for guidance.

Pressure-relieving mattresses and cushions were in place for people at high risk of developing pressure ulcers and they were functioning correctly. We saw that records showed that a person received support to change their position to minimise the risk of skin damage in line with their assessed needs as set out in their care plans.

We saw that the premises were safe and well maintained and checks of the equipment and premises were taking place. However, it was not always clear that actions had been taken when issues were identified from premises and equipment checks. The registered manager told us that they would ensure that all actions had been carried out and were clearly documented.

There were plans in place for emergency situations such as an outbreak of fire and personal emergency

evacuation plans (PEEP) were in place for all people using the service. This meant that staff would have sufficient guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place and available for staff to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People told us that staffing levels were appropriate and that staff were available to provide help. A visitor said, "Staffing levels are better now." Care, domestic, laundry and kitchen staff all felt that they were busy but had sufficient time to complete their work effectively. During the inspection we observed staff promptly attending to people's needs and call bells were responded to within a reasonable time.

Systems were in place to identify the levels of staff required to meet people's needs safely. The registered manager explained that they considered people's dependencies when setting staffing levels. Staff levels were monitored closely to ensure that the correct level was maintained. A staffing tool was also completed which concluded that appropriate staff were on duty to meet people's needs safely.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

People we spoke with told us that their medication was supervised and managed. A person said, "I get my medicine every morning, never run out, yes I understand what my medicine is for." Another person said, "I always get my medicine on time and no they've never run out. Yes I can get pain relief if I ask for it."

We observed the administration of medicine; staff checked against the medicines administration record (MAR) for each person and mostly stayed with the person until they had taken their medicines. However, we saw that one person had their medicines left with them in their room to take. This showed staff did not always observe people's taking their medicines which could affect their health. We raised this with the registered manager who told us that they would remind staff that they had to wait and check that people had taken their medicines.

Medicines were stored securely in locked trolleys, cupboards and a refrigerator within a locked room. Temperature checks were recorded daily of the room and the refrigerator used to store medicines.

MARs contained a photograph of the person to aid identification, a record of any allergies and people's preferences for taking their medicines. We checked MARs and found they had been mostly completed with the exception of two gaps. We discussed these gaps with a staff member and found that one person had not received a medicine. They had not suffered any harm as a result of this. It was not possible to confirm whether the second gap meant that another person had missed a medicine. We raised this with the registered manager who agreed to take action.

Processes were in place for the ordering and supply of medicines. Staff told us they obtained people's medicines in a timely manner but we found that one person had run out of eye drops for the previous weekend. These had been ordered by the time we inspected and the person had not suffered any harm as a result of this.

Protocols were in place to provide additional information about how medicines should be given when they were prescribed to be given only as required. When medicines were given covertly a full assessment had been completed and approval had been given by the person's GP and pharmacist.

People told us the home was clean. During our inspection we looked at some bedrooms, all toilets and shower rooms and communal areas and found that the environment was generally clean and staff followed safe infection control practices.

Good

Is the service effective?

Our findings

Most people felt staff were capable in their role. A person said, "They're kind and seem very good and try to please us all." Another person said, "The staff are good to talk to I feel confident in them and trust them." However, a third person said, "Some staff know what they're doing some don't. I've got to keep reminding them about washing my legs because I can't do it." A visitor told us that staff were good at their job. We observed that staff competently supported people throughout the inspection.

Staff felt supported by management. They told us they had received an effective induction which prepared them for their role. Staff also told us they had access to training to enable them to keep themselves up to date and they felt they had the knowledge and skills required for their role. Training records showed that staff attended training which included equality and diversity training.

Staff also told us they received regular supervision and records we saw confirmed this. The registered manager told us that appraisals would be starting soon. This meant that staff were supported to maintain and improve their skills in order to effectively meet people's needs.

People told us staff explained what they wanted to do and checked with them prior to providing care. One person said, "They ask if I want to get up, and I choose what I want to wear." Another person said, "The staff respect my choices and don't pressurize me." We saw that staff asked permission before assisting people and gave them choices. Where people expressed a preference, such as sitting in a particular part of the lounge, staff respected them.

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 take 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 to 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 the DoLS. We checked whether the service was working within the principles of the MCA.

We found mental capacity assessments were completed and best interest decisions documented when people were unable to make some decisions for themselves. For example, a lap belt was required to ensure a person was safe when sitting in a chair and a mental capacity assessment and best interest decision was documented. When people were being restricted, DoLS applications had been made. Staff had an appropriate awareness of MCA and DoLS.

A person said, "I'll admit I've lost my temper over things and the nurse had calmed me down and told me everything is all right." Care records contained guidance for staff on how to effectively support people at times of high anxiety. Staff were able to explain how they supported people with periods of anxiety.

We saw the care records for people who had a decision not to attempt cardio-pulmonary resuscitation order (DNACPR) in place. We saw that DNACPR forms had been fully completed.

Feedback on the quality of the food was generally positive and people told us they had choices and their nutritional needs were met. One person said, "I've got ample of everything. If I wanted a snack I've only got to ask and they'll bring me something like cheesy biscuits." Another person said, "The food is good, they give me a choice. There's only been one day when I didn't like my meal. We get biscuits and cake in the morning and afternoon."

We observed the lunchtime meal in both dining rooms and the lounge. Dining room tables were well laid with background music playing. People were offered choices and food looked appetising. Staff were proactive, kind and caring when encouraging people to eat. Food was available for people with diverse food choices.

People told us that they had sufficient to drink. We saw that people were offered drinks throughout the inspection. People were weighed regularly and appropriate action taken if people lost a significant amount of weight.

People told us they were supported with their healthcare needs. A person said, "I get the nurse if I have any aches and pains, or the doctor. My toe nails get cut every three weeks. I've got a hearing problem and that's being looked into." Another person said, "Yes they call the doctor if you're not feeling well. About a fortnight back I wasn't feeling too good, they came and looked after me, I stayed in bed all day and it was good. There was no need to call the doctor, but I can assure you that if the patients needed the doctor then the doctor would be there."

The GP for a large proportion of the people using the service visited the service on a fortnightly basis and the GP for another group of people was responsive to requests for visits. A record of reviews of the person by the GP was stored in their care records. Care records also contained a record of the involvement of other professionals in the person's care. When people had wounds or pressure ulcers, assessments were undertaken to assess progress of wound healing. The records we reviewed indicated the wounds were healing and reducing in size.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. A person said, "They're very good and kind and treat me with respect." Another person said, "All the staff here are nice; they do care about me. I like it here. Everyone is friendly and I can have a laugh with staff." A visitor said, "Staff are so caring."

A person said, "The staff know me well, they're always talking to me at different times, they all know me." Another person said, "Yes I've got confidence in [staff]. They seem to know what I've got and if I have a pain they know why. They're well informed of what's wrong with you." Staff had a good knowledge of the people they cared for and their individual preferences. We saw good interactions between staff and the people they cared for. These interactions indicated empathy for people and a caring approach by staff.

Some relatives could not remember being involved in making decisions about their relative's care. However, a relative said, "We are being consulted regarding decisions. I feel as involved as much as I want." Another relative said, "Yes I'm sure that if we wanted to we could talk about our [family member]'s care." A person said, "You can ask them any question you like that might arise and they will answer it."

Care plans indicated that people or their relatives were involved in the development of their care plans and in their review. Care records contained information regarding people's life history and their preferences. We also saw examples where relatives had been involved in the best interests decision-making process. This meant people could be assured that their views were taken into account during the care planning process to ensure that care met their personalised needs.

When people were unable to communicate verbally, care plans provided information about the gestures or body language people used to communicate with and how staff could better understand them. One person used a tablet computer to aid their communication and their care plan also suggested staff could try using a communication sheet with letters of the alphabet. We observed staff clearly communicated with people and gave people sufficient time to respond to any questions.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

People told us staff respected their privacy and maintained their dignity. They told us staff knocked on their door before entering their room. A person said, "They talk appropriately to me and yes they respect my dignity." A visitor said, "The door is always closed for personal care." We observed staff knocking on bedroom doors and respecting people dignity by closing curtains and doors during personal care. An incident involving a person using the service occurred at lunchtime and staff responded promptly. They were unable to move the person, so they put a screen around them to provide privacy. However, we noticed that some bathrooms could not be locked which meant a greater risk that people's privacy would not be protected. We informed the registered manager who told us that they would address this issue.

We saw that staff treated information confidentially and care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

People told us that they were encouraged to be independent if they were able and to ask for help if required. A person said, "Most of them know I can look after myself and they leave me to it." Another person said, "My room is clean as they come every day, if I feel like it I help to keep it tidy." Staff also told us they encouraged people to do as much as possible for themselves to maintain their independence.

People told us there was no restriction on when they could receive visitors. A visitor said, "You can visit whenever you want." Staff told us people's relatives and friends were able to visit them without any unnecessary restriction. Information on visiting was in the guide for people who used the service.

Good

Is the service responsive?

Our findings

Most people told us that they felt their care was good and personalised to their needs. A person said, "Yes [staff] sometimes think in front of me. I'll be thinking it and they'll suggest it, for example 'How about taking a walk outside as there's a chair just outside your room?' I've only got to ask and they'll oblige me." Another person said, "I'm pleased with my care and so is my [family member]. They're lovely, wonderful. I think staff know me they're always asking me how I am feeling. Yes, they listen to me." However another person said, "I fit in with staff rather than them fitting in with me. To a certain extent it's got to be like that, they've got their rotas and you have to stick by them. Some residents are more poorly than others and therefore get more time. At the same time I think I've got a right to be looked after too but I always seem to be the last because others are more needy than me." A visitor said, "Staff are responsive to my [family member]'s needs and respect families wishes."

People told us staff responded promptly when they rang their call bell. A person said, "I get help with showering, I'm not rushed, the buzzer is always in reach and I don't have to wait long."

A person fell during the inspection and we saw staff reacted quickly and competently to check the person and monitor their vital signs for some time afterwards. At lunchtime the same person fell backwards in their wheelchair and again staff acted quickly, identified it was out of character for the person and called the paramedics. The person was later accompanied to hospital by a carer.

People's views were mixed of the activities that were provided. Some people were happy with activities offered but others were not. One person said they were limited about what they could do due to their poor eyesight and they enjoyed watching television and listening to music. They said the staff didn't spend much time with them, "As they always have something else to do and I put up with that." However, they said it would be nice if someone read to them. A visitor said, "She's spending too much time in her room on her own, we feel there's not enough interaction with other residents." Another visitor said, "[Staff] don't come into him very often. He's in bed all day in a room on his own, he waits for someone to come to talk to him, someone could come and sit with him."

We observed group activities and some one to one activities took place during our inspection. On the second day of our inspection a Spanish themed day took place and we saw that Spanish food was provided at lunchtime. Activity records showed that some people were involved in group activities and others received one to one activities in their room. The activities coordinator explained the activities they offered and the plans they had for the future. They told us that most people had not accessed activities outside the home recently and they were looking to improve this in the future. The registered manager told us that an additional staff member would be working part time providing additional activities in the future.

Care plans were in place to provide information on people's care and support needs. Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. We saw that people were supported to attend religious activities in line with their preferences. However specific care plans for the management of people's diabetes were not in place neither was a care

plan for the management of a person's PEG tube. We raised this with the registered manager who agreed to put these in place.

People told us they knew how to make a complaint. A person said, "This morning the [registered] manager came to see me about [a person walking into their bedroom the previous night] and they are going to have a meeting to discuss what they can do to stop this from happening again. I'm pleased with that." A visitor told us that they had raised an issue with the registered manager and it was resolved.

The registered manager described a recent complaint which was responded to appropriately. No other complaints had been recently received. Guidance on how to make a complaint was displayed in the home and in the guide for people who used the service but it did not include the details of the relevant Ombudsman if the person was dissatisfied with the home's response. The registered manager agreed to add this information.

There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain how they would respond to any complaints raised with them. A staff member said if a person raised a concern or complaint they would gather all the information they could and report it to the managers.

Good

Is the service well-led?

Our findings

People couldn't recall attending meetings or completing surveys but felt listened to and could raise any issues that they had. We saw meetings for people took place where comments and suggestions on the quality of the service were made. Comments were generally positive. The chef told us that they regularly checked that people were happy with the food that they received and people were also sent surveys regarding their views of food at the home. The registered manager told us that they had just received completed surveys from people who used the service and would produce a summary of the findings. We saw that previous comments from surveys and the actions taken were displayed on the walls in a notice, "You said, we did."

A visitor told us there were meetings and they had been sent a survey so they could provide their views on the quality of the service being provided. The registered manager told us that no one had attended the last relatives meeting and they were considering how they could encourage more relatives to attend the next meeting.

A whistleblowing policy was in place and staff told us they would be prepared to raise issues using the processes set out in the policy. A staff member said, "I would definitely raise issues. I wouldn't keep quiet." The provider's values and philosophy of care were displayed and staff were observed to act in line with them during our inspection.

A visitor said, "It's a good atmosphere, friendly. I feel comfortable coming into the home." Another visitor told us that they felt welcome when they visited their relative. A staff member said, "It's a lovely atmosphere here. Everyone is like an extended family." We found the home to be relaxed and friendly.

People told us that the registered manager were approachable and listened to them. A person said, "Yes I like the [registered] manager she's lovely. I'd feel confident to talk to her about any concerns." A visitor said, "The [registered] manager is lovely and caring." Another visitor said, "The [registered] manager is very approachable, I can raise anything."

A member of staff said there were regular staff meetings "almost" monthly. They said the registered manager asked them to contribute any issues/concerns or suggestions. They said the registered manager was trying to make things better for people. They said, "They try to do the best for them." They said all the staff worked well together. Other staff told us the registered manager was approachable and they felt able to talk freely with them about issues. A member of staff said, "The [registered] manager is brilliant. Her door is always open and she's very supportive." We saw that staff meetings took place and the management team had clearly set out their expectations of staff. Staff told us that they received feedback in a constructive way. A clear management structure was in place and staff were aware of this.

A registered manager was in post and was available throughout the inspection. They told us that they felt well supported by the provider. The current CQC rating was clearly displayed. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when

required.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and other staff, including a representative of the provider. Audits were carried out in a range of areas including infection control, medicines, health and safety, kitchen, housekeeping and care records. Actions had been taken where issues had been identified by audits.