

Forthmeadow Limited

Eastwood House

Inspection report

24 Church Street
Eastwood
Nottingham
Nottinghamshire
NG16 3HS

Tel: 01773712003

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eastwood House is a residential care home providing personal care for up to 19 people. At the time of our inspection there were 12 people living at the home.

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

The home was clean and free from unpleasant odours. Some parts of the building would benefit from being redecorated and some of the lounge chairs need to be replaced as they are stained and ripped. The moving mechanism on some dining chairs was broken. The service has a refurbishment plan in place. All servicing of equipment had been completed, apart from the fire extinguishers. This was out of date.

Medicines were managed and administered safely, although there was not always someone trained in medicines administration on duty at night. This meant a senior person on-call had to attend the home if someone needed medicines, such as pain relief, during the night. The temperature of the medicines room was occasionally higher than recommended for the safe storage of medicines.

Risks to people's health and safety had been assessed. People had detailed and person-centred care plans in place. However, two people who were at risk of choking did not have information in their care plans about how staff should thicken their drinks and staff did not record that they had added thickener. Staff we spoke with were aware of how much thickener to add.

There were enough staff to provide people with the appropriate level of support. The correct recruitment checks had been carried out when new staff joined the service. Staff had completed training in a range of different topics. The registered manager told us dementia and end of life care would be added to the training programme. Staff had received regular supervision meetings.

There was a relaxed and happy atmosphere in the home. People were cared for by staff who showed kindness, compassion and respect. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were many opportunities for people to take part in activities to occupy their time and provide enjoyment and stimulation. Staff helped people to access healthcare services and receive ongoing healthcare support.

The home had a registered manager, although they had only been in post for six months. Staff were complimentary about the way the home was managed and about the recent changes that had been implemented. Some audits were in place to monitor the quality of the service and the environment. However, these needed to be more robust as they had not identified all the concerns we found during our inspection. The registered manager was aware that further improvements were needed and took immediate steps during our inspection to make some of the required changes.

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

Rating at last inspection

The last rating for this service was good (report published February 2017).

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements.

Enforcement

We have identified one breach of the regulations. This is in the management of risks to people's health and safety.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Eastwood House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Eastwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service. This included the previous inspection report and notifications. Notifications contain information about events the manager must tell us about. For example, safeguarding concerns, serious injuries and deaths, that have occurred at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

During the inspection we looked around the service. As some people were unable to fully communicate with

us, we spent time observing interactions between people and staff. We spoke with one person who used the service, the registered manager, the activities coordinator, the cook, a senior care assistant and a care assistant.

We reviewed a range of records. These included three people's electronic care records and multiple medication records. We looked at two staff recruitment files and supervision and training records. We reviewed a variety of records relating to the management of the service, including audits and minutes of meetings.

After the inspection

We spoke on the telephone to two regular visitors to the home to ask their opinion of the care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Most areas of the home were clean and there were no unpleasant odours. However, some of the lounge chairs were heavily stained and some were ripped. The provider had already identified this and was in the process of purchasing new chairs.
- There was an area around the bath where tiles had fallen off, making it difficult to clean thoroughly. The stand aid, which is used to help move people out of their chairs, was dirty.
- Staff had access to disposable gloves, aprons and antibacterial hand gel.
- Staff had received recent training in infection control and food safety.
- The service had been awarded a food hygiene rating of 5 (very good) following an inspection in January 2019.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being, such as from poor nutrition, choking or falls had been assessed and the appropriate action taken. For example, people who were at risk of falling had sensor mats or motion sensors in place to alert staff. Risk assessments were regularly reviewed. However, we found two people who were at risk of choking did not have information in their care plans about how staff should thicken their drinks, although staff were aware of how they should do this. Following discussion with one person's GP, it was decided they did not need to have their drinks thickened. The registered manager ensured information for both people was immediately added to their care plans.
- Equipment, such as hoists had been serviced. However, the fire extinguisher service which was due in August 2019 had not been carried out. The registered manager arranged for this to be undertaken.
- Regular safety checks were completed, which ensured the building was safe. We could not find any records to show the window restrictors were regularly checked, although the registered manager assured us they were. We requested that this information be recorded in future.
- Several dining chairs, which incorporated a mechanism to aid moving, were broken. The legs of the dining tables were chipped and needed varnishing.

Risks to people's health and safety had not been adequately managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- We watched staff moving people using the portable hoist and stand aid and found their practice was safe.
- A falls safety cross tool was used to help monitor where and when people had fallen. This helped to raise awareness about falls prevention amongst staff.

Staffing and recruitment

- Thorough recruitment procedures were followed. These ensured staff were suitable to provide care and support to vulnerable people. Appropriate checks were completed, including Disclosure and Barring Service (DBS) checks.
- Sufficient numbers of staff were available to support people and meet their needs. People spoken with had no concerns about staff availability. A 'bank' care assistant had recently been recruited to help cover gaps in the rota when staff were on leave or ill.

Using medicines safely

- Staff who gave out medicines had received the appropriate training and had their competence checked.
- We were told there was not always a care assistant who was trained to give medicines on duty during the night. If someone required a medicine that was prescribed to be given 'when required' (PRN), such as pain relief, they had to wait for the 'on-call' senior member of staff to be called to the home. This meant people could not always get their medicines when they needed them. However, we did not find any evidence that people had been harmed.
- Medicines should be stored at the correct temperature to ensure they work properly. We found the temperature of the medicines room was occasionally higher than recommended. The manager told us they would ensure a fan was put into the room to reduce the temperature to within the required range. There were plans to install air conditioning in the room to lower the temperature.
- The use of fluid thickeners was not recorded to show when staff had used them to thicken people's drinks. The registered manager immediately took steps to rectify this concern.
- Staff took time and were respectful when they supported people to take their medicines. For example, staff spoke quietly when they asked people if they required pain relief.
- Medicines administration records (MARs) and 'as required' (PRN) medicines protocols provided information on how to give people their medicines as prescribed. Monthly medicines audits had been completed.

Systems and processes to safeguard people from the risk of abuse

- We observed people were relaxed in the company of staff. One family member told us, "Staff do provide very good care."
- Staff could describe how they would identify and report safeguarding concerns.
- The manager had made safeguarding referrals to the local safeguarding authority when required, carried out their own investigations and taken the appropriate action.
- There is an on-going safeguarding concern being looked into by the local authority. This has yet to be concluded. The service had carried out its own investigation and taken the appropriate action.

Learning lessons when things go wrong

- Accidents and incidents were investigated thoroughly.
- Appropriate action was taken when people fell. This included contacting an appropriate health care service and, where necessary, monitoring the person for 48 hours after they had fallen
- Appropriate action, including staff training, had been taken following a recent safeguarding concern. This showed us the service acted when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All new staff received an induction to the service. This included working alongside more experienced staff until they were competent to work alone. We looked at the induction records for two new staff and found these had been completed.
- Staff received on-line and practical training in a range of topics and the provider's training spreadsheet showed a good level of staff compliance with required training. However, staff had not received any training in dementia or end of life care. Although this training is not classed as mandatory, it is good practice for a service providing this care to ensure staff have received training in these areas. The registered manager told us they would ensure staff completed this training in future.
- Staff had received regular supervision meetings every few months. These gave them the opportunity to discuss their work performance and training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. People were weighed regularly, and staff sought specialist advice when people consistently lost weight.
- Staff were aware of people's dietary needs, their food preferences and any help they required to eat and drink. Specialist diets, such as pureed, were provided and meals were fortified with cream and butter to help people get additional calories.
- We observed lunch in the dining room where the tables were attractively laid. People were offered a choice of meals and food looked appetising. There were enough staff to help people who needed support. Snacks and drinks were offered between meals and we saw that staff reminded and encouraged people to drink plenty. One person told us, "The food is excellent. You get variety."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The service liaised with healthcare professionals, such as speech and language therapists, district nurses and GPs to ensure people's health needs were met. The registered manager told us they worked closely with the community matron, who visited the home every week.
- The service responded promptly when people's health needs changed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to Eastwood House to ensure staff could safely and appropriately support them.
- Admission assessments were used as the basis for developing care plans and risk assessments. Care plans

were regularly reviewed to ensure they continued to be accurate as people's needs changed. The registered manager was in the process of carrying out a full review of everyone's care plans.

Adapting service, design, decoration to meet people's needs

- The home had a reception area, dining room and large lounge. There was also a small conservatory, which provided a quiet area for people to entertain their visitors. People were encouraged to personalise their bedrooms and bring in their own belongings. The communal areas were nicely decorated. However, skirting boards and some areas of the corridors would be improved by redecorating. Several relatives had commented in a recent quality questionnaire that they felt the home would benefit from repainting.
- Corridors were wide enough for easy wheelchair access and the first floor was accessed by a passenger lift and a stair lift.
- There was a small enclosed garden at the rear, which contained garden furniture, plants and a greenhouse. There was a patio area at the front of the house containing potted plants. There was also a sloping lawned area. The wooden hand rail to this area was broken. However, the lawn was not used by people living at the home.
- There was a signage (such as pictorial signs) throughout the home to help people find their way around. Use of pictorial signage is important in helping people with dementia orientate themselves to their surroundings. A board in the corridor displayed the date, month and weather.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made to the local authority when required.
- We observed staff obtained consent for people's care and support and wherever possible helped people to make their own decisions.
- When people did not have the mental capacity to make important decisions for themselves, the best interest decision making process had been followed. For example, we saw that a best interest meeting had been held to discuss whether or not it was safe for a person to use the stairs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The atmosphere in the home was friendly and relaxed and we saw many caring and kind interactions between staff and people who used the service during our inspection. For example, we heard staff encourage people and explain what they were doing when they moved them using the portable hoist. This helped to put them at ease. One visitor to the home told us, "They look after [name] very well."
- We heard laughter and saw that people appeared happy. We observed touch used appropriately, such as a guiding hand when a person was walking.
- Staff were aware if people had any cultural or spiritual needs. A member of the clergy visited the home every month to hold a service. There was currently no one living at the home who had a non-Christian faith.
- People were asked if they had any preference about the gender of their care worker during the assessment process, and this was respected.
- Staff had received training in equality and diversity and understood the importance of treating people without discrimination.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when delivering care and support. Staff were able to give examples of how they promoted dignity, privacy and independence. For example, by helping people to remain covered when providing personal care.
- During our inspection we saw that staff spoke with people in a respectful way.
- Staff encouraged people to be as independent as possible. We saw people being encouraged to do things for themselves where they were able.
- People were helped to maintain their personal hygiene and we saw that people looked well dressed. One person told us they liked to have a soak in the bath and that staff provided them with this opportunity.

Supporting people to express their views and be involved in making decisions about their care

- Staff treated people as individuals and respected their choices. For example, one person preferred to remain in their own bedroom and did not come into the communal areas or bathrooms. We saw that staff respected their choice and did what they could to make them comfortable in their room.
- The relatives we spoke with told us that they felt involved in the care of their family member and were kept informed of any changes to their health or welfare.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service used electronic care records. At our last inspection we found some problems with this system, as staff found it difficult to use and information in care plans was not very detailed. Some care records had duplicate paper copies, which led to confusion. At this inspection we found improvements had been made. The system had been reviewed and streamlined by the new registered manager and staff told us they now felt confident using it.
- People's care plans contained detailed information about their support needs. This included information about their personal care, nutrition and hydration, mobility, medicines, social care, hobbies and interests. The registered manager was in the process of carrying out a full review of everyone's care records to ensure they remained relevant and up-to-date.
- People were supported by staff who had a good understanding of their care and support needs and their personal preferences.
- There was a staff 'handover' between shifts. The service used a 'communication book' to record day-to-day information, such as people's hospital appointments, phone calls to be made and health updates. This ensured vital information about people was communicated promptly to staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The weekly activities timetable was on display. The service had a dedicated activities coordinator who presented a range of activities and social events at the home. They talked knowledgeably to us about people's different interests and what was important to them.
- People were asked about their life story and their likes and dislikes when they first arrived at the home and this was regularly reviewed. This ensured there were activities suitable for everyone. For example, one person liked gardening and they had been helped to grow vegetables in the greenhouse. One to one support was given to people who did not want to join in with the group activities.
- The activities coordinator told us that several people enjoyed music and we saw that music programmes were played on the television and people were encouraged to join in, which they very much enjoyed. Local children visited once a month to lead music sessions. Other activities provided included craft sessions, exercise classes run by a physiotherapist and reminiscence sessions. Some people went on trips out, for example to go the local shops, garden centre or to a local café.
- Friends and family were welcomed into the home and encouraged to maintain relationships with their relatives.

End of life care and support

- People could remain in the home supported by familiar staff when approaching the end of their lives.
- The service worked with other health professionals to provide care for people who were approaching the end of their life.

Improving care quality in response to complaints or concerns

- All complaints were recorded and investigated, and a response/apology provided. Outcomes of investigations were shared with staff so they could learn from the complaint.
- The complaints procedure was displayed where it was easily visible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded as part of their initial assessment.
- Care plans for communication were in place, to guide staff.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The home had gone through a period without a registered manager between December 2018 and March 2019. However, a new registered manager had been in post since March 2019. They told us they had been well-supported by the provider's head of care when they first started and that this help continued on a regular basis.
- There were some quality assurance checks in place. For example, the registered manager completed a daily walk round of the home. This enabled them, amongst other things, to inspect the environment, check that residents' personal hygiene needs had been met and that drinks were available. It also gave them the opportunity to speak to residents and staff.
- However, we found that quality checks need to be more robust, as there are some areas of improvement needed. In particular, improvements are needed in the management of risk to people's health and well-being and in some furnishings and areas of the environment.
- The provider had already identified that some improvements were needed to the environment prior to our inspection, and a refurbishment plan is in place. We will review the completion of this at our next inspection.
- The registered manager showed dedication and commitment to the service and was keen to implement further changes and improvements at the home. They took immediate action to rectify some of the issues we identified during our inspection.
- Staff gave positive comments about the registered manager and told us they were approachable and supportive. One care assistant told us, "[Name] is great. You can go to them with anything." There was an 'open door' management approach which meant the registered manager was easily available to staff, residents and relatives. One family member told us, "The manager has got the resident's interests at heart."
- The registered manager notified CQC of any incidents which took place that affected people who used the service. The CQC inspection rating from our last inspection was displayed in the home, as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive culture within the home. This was reflected in the attitude and behaviour of staff. Care assistants told us they felt supported by senior staff and the registered manager and that everyone worked well together. One care assistant told us, "It's the best home I've worked in. We work as a team."

- The registered manager understood the requirements of Duty of Candour. This is their duty to be honest and transparent about any accident or incident that has caused or placed a person at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The registered manager worked collaboratively with the local authority and other professionals involved with people's care.
- The registered manager had implemented monthly staff meetings. These provided a forum for communicating information about the service, discussing concerns and gathering feedback from staff. Meeting minutes were available for those staff unable to attend.
- A quality questionnaire had recently been distributed to family members so that they could give their opinion about the service. Feedback received included, "Keep doing what you are good at. You all do a great job every day"; "Very good staff. They all work very hard and are always polite. Sometimes a bit short staffed" and "It's always a pleasure to come and see [name] and feel sure she is well looked after. Many thanks."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not effectively manage risks to people's health and well-being