Optima Care Limited

Eastry Villa's

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 8 November 2018 and was announced.

Eastry Villa's is a 'care home' for up to 11 people with learning disabilities. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection, there were three people living at the service. The service was going through a transition where a number of people had moved out of the service, and people with different needs were being supported to transition into this service.

The accommodation was set out across a main house, a self contained flat and a separate bungalow. All bedrooms baring one had en-suite facilities. There was a communal lounge, dinning area and kitchen in the main house. There was access to a garden at the back of the house.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The service ethos is to enable people with learning disabilities and autism to live as ordinary a life as any citizen.

At our last inspection on 31 March 2017, we rated the service Good. We re-inspected this service earlier than planned due to concerns that had been raised about people's safety. At this inspection we found that the evidence continued to support the rating of Good.

At this inspection we found the service remained 'Good'

The service did not have a registered manager in post. The last registered manager left the service in July 2018, a new manager was appointed in September 2018. 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. During this period of time the service has not been consistently well led. Staff told us there was a lack of support and guidance for them when supporting people to move into the service.

People continued to be safeguarded from potential harm and abuse. Staff knew about abuse, and how to report any concerns they had. Risks to people had been assessed and minimised where possible, with detailed guidance in place for staff to follow. Accidents and incidents had been recorded and used to improve the service. Medicines were stored and administered safely. Risks to the environment had been assessed and well managed. The service was clean and well maintained, and had been adapted to meet the needs of the people living there.

There were sufficient staff to meet people's needs. There were staffing vacancies which were being covered by consistent regular agency staffing. People had been recruited following safe recruitment processes. There continued to be an effective induction system in place, followed by regular training which staff informed us supported them to complete their roles.

People's needs were assessed before they moved into the service and in line with good practice. People were supported to eat and drink sufficient amounts to maintain a balanced diet. People with specific diet related healthcare conditions had been supported to manage these well, and maintain good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness, compassion and respect. Positive relationships had formed with staff and people. Staff were aware of how to adapt their communication styles to meet people's needs. People's privacy and dignity was maintained by staff.

People were supported in a person centred way. People had individual care plans, and had been supported to follow personal interests. Stakeholders knew how to raise concerns and complaints about the service.

The leadership of the service had changed since the last inspection. Staff told us morale had improved and staff felt opportunities to express their views had improved. Staff told us they felt valued and listened to. Healthcare professionals and relatives had been involved in giving feedback about the service. Improvements had been implemented because of lessons learnt within the service. Regulatory requirements had been met; we had been informed of important events at the service, and the provider had displayed their rating at the service, and on the provider's website.

Further information is in the detailed findings below.

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 remains safe.

Good

Is the service effective?

The service remains effective.

Good

Is the service caring?

The service remains caring.

Good

Is the service responsive?

The service has improved to responsive.

Good

Is the service well-led?

The service was not consistently well-led.

There was a manager in post but they were not registered with the CQC, which is a requirement of the registration.

Feedback had not always been positive about the leadership of the service. However, people were positive about the manager at the service. Staff now felt supported by the manager.

The manager understood their regulatory requirements.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Requires Improvement

Eastry Villa's

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 comprehensive inspection took place on 8 November 2018 and was announced. We gave the service 24 hours' notice of the inspection. This was so that people would know who was coming to the service to reduce any anxiety. The inspection team consisted of two inspectors.

We did not ask the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

People who lived at the service had complex communication needs. Some people did not engage verbally, however, we gathered information about the care received by observing how people responded to staff when care was delivered. We met and spoke with a relative. We spoke with eight staff members which included the manager, deputy manager, the providers area manager, three senior support workers and two support workers. We sought and received feedback from social care professionals before the inspection.

We looked at three people's records to see how their care and treatment was planned and delivered. We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We also looked at records relating to the running of the service including staff training records, quality assurance audits, complaints, accidents and incident records.

Good

Is the service safe?

Our findings

People were protected from the risk of harm and abuse. Staff had received training and were confident they could identify any concerns and that managers would take action. The manager had made appropriate referrals to the local authority safeguarding team.

Risks to people and the environment had been assessed and action taken to minimise the risk. People had risk assessments for a variety of aspects of life including accessing the community, eating and the risk of them displaying behaviours people could find challenging. Where risks were identified staff had detailed guidance on how best to support the person to reduce the risk. Each person had a personal evacuation plan which showed staff the support the person would need in the event of an emergency, and regular fire drills had been carried out. Risks to the environment were assessed by staff.

People had been supported to take positive risks. For example, one person had previously displayed behaviours that could challenge whilst having their hair cut. Staff changed the approach to support the person with their hair cut, which resulted in the person not displaying any behaviours people could find challenging.

There were sufficient staff to keep people safe and meet their needs. We reviewed rotas that confirmed people were supported by the assessed number of staff. However, there were high staffing vacancies and therefore people were supported by a high number of agency staff. The manager confirmed improving staffing numbers was a priority for them. The manager informed us there was an on-going recruitment campaign and agreed that increasing staffing numbers was an area for improvement.

Staff continued to be recruited safely. The required recruitment checks had been completed including Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Medicines administration records were kept of all medicines that had been administered. Clear guidance was in place for people who took medicines prescribed 'as and when required'. There was detailed written criteria for each person who needed 'when required' medicines.

People were protected by from the risk of infection. The manager carried out regular observations on staff practice, such as checking they were washing their hands regularly, and using appropriate equipment such as gloves and aprons.

Accidents and incidents had been documented by staff, and action taken to reduce the likelihood of them reoccurring. When an incident occurred, the manager was responsible for reviewing the incident for patterns and trends. Following an incident, the manager spoke with staff to discuss how the incident could be managed better next time, and ensured care plans and risk assessments had been updated.

Good

Is the service effective?

Our findings

People's needs were assessed and their care planned to ensure their needs were met. There was use of nationally recognised assessment and management tools for people's needs including malnutrition and pain management. Processes were in place to ensure there was no discrimination when people's care was being planned.

Staff had the skills and knowledge to support people. New staff completed the provider's induction programme which included training, observations and reviewing care plans. Staff told us they felt well supported by the manager. The manager had identified areas for further training for staff they planned to implement. We observed staff providing care to people. The staff team knew people well and understood how they liked to receive their care and support. Staff were able to describe how they supported people, and the triggers that could cause someone to become anxious.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. Staff understood people's preferences around food and supported people to have regular drinks and snacks. Staff told us people picked the food they wanted from the fridge, and staff supported them to prepare and make food and snacks. People had been assessed by the Speech and Language Team (SaLT) because they were at risk of choking and had SaLT assessments in place. One person had a healthcare condition that affected their diet. Staff had worked with healthcare professionals successfully to support the person to maintain and gain weight. Staff told us "They have made so much progress."

People were supported to live heathier lives, and receive on-going healthcare support. People had regular appointments with healthcare professionals including the GP and dentist. One person was known to become distressed when having a yearly blood test, so staff were working on desensitising them, introducing them slowly to the equipment that would be used for the blood test in order to reduce their anxiety.

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 with appropriate legal authority. 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 found they had been met.

People's needs had been met by the adaptation and design of the service. People's bedrooms were personalised with photographs and personal items. The building was well maintained. Lounge and dining areas were suitable for people to take part in social, therapeutic, cultural and daily living activities.

Good

Is the service caring?

Our findings

We observed staff treating people with kindness and respect. People seemed at ease in the presence of staff, smiling and making happy sounds. Staff changed their approach when they interacted with each person. When staff talked us through people's routines, likes and dislikes they became animated. A staff member told us "We are just a great family, and [name] is at the centre of it." Some people had lived at the service longer than others, and therefore staff were still getting to know people. Staff told us of one person "They are just great to be around, they have a great personality, which we are seeing more of, it is infectious."

People's aims and goals were documented in their files, with descriptions of how these would be achieved broken down. Goals were individual to the person, and staff were proud to share people's achievements with us.

People were supported to make decisions about their care and support, as far as possible. Staff had picture exchange communication systems (PECS) cards they used to support people with communicating their needs. PECS support people with little or no verbal communication abilities to communicate using pictures. This allowed people to choose food and activities. Some people had 'now' and 'next' boards in place to reduce anxiety, and give structure around the activities for the day. People had documentation in their care plans which detailed how people communicate. For example, one person was able to use variations of Makaton. Makaton is a form of sign language using signs and symbols to help people to communicate. People were encouraged to use Makaton to communicate where possible, and we observed staff doing this.

People were supported to maintain their privacy and dignity. Staff told us of the importance of everyone knocking on the door before entering people's flats or rooms. One staff member told us "The manager always knocks. It's a big thing for [name] it shows they respect their space." Some people were known to remove their curtains and blinds if they became agitated. For the safety of these people curtains attached by Velcro had been installed, and privacy glass was installed to ensure people's dignity was protected.

People were supported to be as independent as possible. Staff told us people had choice over every aspect of their life, including if they wanted a shower or bath, or if they wanted to shave with support from staff. People chose what they ate, and how they spent their time. During the inspection, we observed people making clear choices, including when they wanted support from staff, and when staff respected their personal space. People were encouraged to take part in activities, such as household chores which enabled them to maintain some independence.

People were supported to maintain relationships with their loved ones. Staff supported relatives visits with people if they requested, or gave them space to spend time with their loved ones independently. Where possible staff supported visits by collecting and dropping off relatives so they were able to visit their loved ones.

Good

Is the service responsive?

Our findings

People were being supported in a person centred way. Each person had their own care plan which had been created in a person centred way, individual to them. This had information and guidance for staff on how best to support the person. People's personal information was detailed in the plan, including their backgrounds, preferred names and likes and dislikes. We observed staff use this information when supporting people.

There was detailed guidance on what individuals like to do, what time they like to get up and the personal care routines they liked to follow. Some people were new to the service since our last inspection. Staff told us they were still in the process of updating and refining care plans to be reflective of people's needs as they learnt more about them.

People had challenging behaviour care plans, which detailed what people may do, why they do it, warning signs and triggers and how best to support them. These were amended and updated when incidents occurred to provide the most up to date guidance on how best to support individuals.

Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Care plans were kept up to date and reflected the care and support given to people during the inspection. The manager told us that care plans were constantly evolving and updated in line with people's needs. People had review meetings to discuss their care and support, where they invited care managers, family and staff.

People were supported to follow their interests and take part in activities of their choosing. One person had an activity board, which helped them to indicate the activity they wanted to take part on each day, and show what activities they had for the day. Activities people took part in included going for drives, walks, visiting the cinema, or watching films at home. Other activities included baking cakes, listening to music and interacting with staff. As new activities were identified for people, staff would update the care plan, and share this information with the rest of the staff team.

People's concerns and complaints had been documented and responded to appropriately. There continued to be a complaints process clearly displayed within the service, which was also displayed in an easy to read version. Complaints and compliments were recorded, along with the action that had been taken by the service as a result. Relative's we spoke with confirmed they knew how to raise concerns and complaints.

At the time of our inspection no one was being supported with end of life care. The manager informed us that as part of the transition process, and on-going care plan reviews they were introducing discussions about end of life wishes with people's loved ones.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection, the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The previous registered manager had left in July 2018 and a new manager was appointed in September 2018. The manager had applied to register with the CQC. The service was therefore not meeting requirement of the provider's registration, as there was no manager in place. There had been a lack of consistent leadership, and insufficient time had passed to allow us to be assured improvements made by the manager had been embedded and sustained.

Since our last inspection, there has been significant changes to the service. A number of people had moved out, and new people had been supported to move in. During this time the registered manager left, and a new manager was appointed. Staff and healthcare professionals told us this transition had been challenging, and that they had not always received the support and guidance needed to complete their roles. The service has therefore not been consistently well-led.

At the time of our inspection, staff told us this had improved. Staff and healthcare professionals spoke highly of the manager. Staff told us "[The manager] is doing amazing. I have seen changes in morale since they have been here. They laugh, smile and work with us, not afraid to help out. That makes a difference to the people we support." Another staff told us "They always put the people first."

The manager was a part of a number of forums, including the registered managers forum, and had signed up to receive health and social care updates in order to keep their skills up to date. They had formed positive working relationships with healthcare professionals including GP and care managers.

The manager sought feedback from healthcare professionals, people and relatives during regular reviews. Quality assurance surveys had not yet been completed, as insufficient time had passed since people had move into the service. Staff told us they attended regular staff meetings where they were given the opportunity to discuss any ideas of issues surrounding the service. However, most staff told us they would approach the manager as and when things came up, and did not wait for official meetings to suggest improvements.

The manager had good oversight of the service. They completed regular audits and checks to review the quality of the service. This included health and safety checks and care plan reviews. Regular medicine audits were carried out by the manager or senior staff and medicines were counted at the end of each shift, we saw clear records of the checks that had taken place.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The manager knew when notifications needed to be

sent and we had received notifications when they were required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating in the service. The provider had displayed their rating on the website.