

Orchard Care Homes.com (3) Limited

Eastfield Hall

Inspection report

Moss Road
Askern
Doncaster
DN6 0JZ
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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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 and 22 October 2014 in which breaches of the legal requirements were found.

This report relates to these three breaches. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Eastfield Hall' on our website at www.cqc.org.uk.

Eastfield Hall is situated in Askern, Doncaster. The home provides accommodation for people who require nursing or personal care. The home can accommodate a total of

59 people. One part of the home is known as Eastfield Hall and provides nursing and personal care. The other part is known as Eastfield Lodge and provides care to people living with dementia. At the time of our inspection there were 40 people using the service.

At the time of our inspection the service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

We spoke with the project manager about management cover arrangements. We were told registered managers from other services within Orchard Care had been providing cover. The project manager will provide management cover until a manager has been appointed.

We saw audits which had been completed by the people providing management cover. These were in areas for example; accidents and incidents, falls, weight loss, care plans, medication and

complaints. Where issues had been identified an action plan was in place to resolve them.

We found that action had been taken to improve safety in relation to medicines management. We saw a system was in place for the administration of medicines which had been prescribed on an 'as required' basis.

Staff we observed administering medication were following correct procedures to ensure safety.

We found that action had been taken to improve the responsiveness of the service.

People's health, care and support needs were assessed and reviewed. Through our observations we saw that staff were meeting people's needs.

We saw staff responded to people's care needs promptly and recognised when people required support.

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?

We found that action had been taken to improve safety in relation to medicines management.

We looked at the management of medicines, including the storage, handling and stock of medicines and medication administration records (MARs). The provider had improved systems to ensure people received their medication as prescribed.

We will review our rating for safe at our next comprehensive inspection.

Requires Improvement



Is the service responsive?

We found that action had been taken to improve the responsiveness of the service.

People's health, care and support needs were assessed and reviewed. Through our observations we saw that staff were meeting people's needs.

We saw staff responded to people's care needs promptly and recognised when people required support.

We will review our rating for responsive at our next comprehensive inspection.

Requires Improvement



Is the service well-led?

We found that action had been taken to improve this area.

The service is currently operating without a registered manager. We spoke with the project manager who informed us that registered manager from other services within the Orchard Care group had been covering this role.

The quality of service provision had been audited and actions taken to improve the service.

We will review our rating for well-led at our next comprehensive inspection.

Requires Improvement



Eastfield Hall

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. The inspections checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and looked at the overall quality of the service.

This inspection was to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 21 and 22 October 2014 had been made.

We inspected this service against three of the five questions we ask about services: is the service safe, responsive and well led. This is because the service was not meeting some legal requirements.

This focused inspection took place on 31 March 2015 and was unannounced. The inspection team consisted of an adult social care inspector.

We spoke with the local authority who were continuing to closely monitor the service due to concerns raised with them.

At the time of our inspection there were 40 people living in the home. The service consisted of two units; Eastfield Hall and Eastfield Lodge.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at other areas of the home including some people's bedrooms, communal bathrooms and

lounge areas. We spent some time looking at documents and records that related to people's care, including care plans, risk assessments and daily records. We looked at four people's support plans. We spoke with six people who used the service.

During our inspection we also spoke with six members of staff, which included a nurse, care workers, and the project manager.

Is the service safe?

Our findings

At our inspection on 21 and 22 October 2014, we found the management of medicines was not safe. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan detailing what improvements they planned to address this breach and by when. The provider did this and said they would be compliant by 20 March 2015.

At our focused inspection on 31 March 2015 we found that the provider had implemented improvements to meet the shortfalls in relation to the requirements of Regulation 13 described above.

We looked at the management of medicines, including the storage, handling and stock of medicines and medication administration records (MARs). The provider had improved systems to ensure people received their medication as prescribed. We found most records were completed appropriately and medicines were given as prescribed.

However we noted several gaps on the MAR sheets where medicines had not been signed for. We spoke with the project manager and the deputy manager about this and were told they were aware of the situation. A system had been devised where anyone who found a gap on the MAR sheets underlined the box where the signature was missing and informed the most senior person. The person responsible for the unsigned MAR was then supervised and the protocol for the safe administration of medication was reiterated.

We saw a system was in place for the administration of medicines which had been prescribed on an 'as required' basis. Staff administering these medicines recorded 'C' on the MAR sheet. This referred the reader to the care notes on the reverse of the MAR. These care notes recorded the dose, time, signature of person giving the medicine and reason for its administration. The provider's medication policy needs to refer to these instructions.

Staff we observed administering medication were following correct procedures to ensure safety. Staff were aware of how people liked to take their medicines, for example with a drink of water or juice.

Is the service responsive?

Our findings

At our inspection on 21 and 22 October 2014, we found that people who used the service did not always receive personalised care which reflected their current needs. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan detailing what improvements they planned to address this breach and by when. The provider did this and said they would be compliant by 20 March 2015.

At our focused inspection on 31 March 2015 we found that the provider had implemented improvements to meet the shortfalls in relation to the requirements of Regulation 9 described above.

We found the provider had put measures in place to improve the provision of care and treatment to ensure people's needs were met. Staff we spoke with were knowledgeable about how to meet people's needs and our observations evidenced staff responded to people's needs promptly.

We observed staff interacting with people and it was evident that they knew people really well. Staff offered support and reassurance when required. One member of staff said, "I'm here, its ok," to someone who was a little distressed. This calmed the situation. This was also reflected in the persons care plan.

We looked at care plans and related documentation belonging to four people. We found the care plans reflected people's likes and dislikes. Three care plans out of the four contained a personal life history which assisted the staff in getting to know the person and being aware of their past life events. We saw that people's individual preferences had been considered when writing the care plans. For example one person liked to spend some time alone in their room, but at other times enjoyed the company of others. This was reflected in their care plan and the actions from staff on the day of our inspection.

We saw evidence in care plans where people had required other professional intervention and this had been sought. For example one person required support from a dietician and this was provided.

Is the service well-led?

Our findings

At our inspection on 21 and 22 October 2014, we found that the quality of service provision was not always effectively monitored. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan detailing what improvements they planned to address this breach and by when. The provider did this and said they would be compliant by 20 March 2015.

At our focused inspection on 31 March 2015 we found that the provider had implemented improvements to meet the shortfalls in relation to the requirements of Regulation 10 described above.

The service is currently operating without a registered manager. We spoke with the project manager who informed us that registered manager from other services within the Orchard Care group had been covering this role. More recently the project manager has taken this role and we were informed that this arrangement would continue until a manager is employed at the service. We were informed that the recruitment process was ongoing and interviews were to be held shortly.

We saw audits which had been completed by the people providing management cover. These were in areas for example; accidents and incidents, falls, weight loss, care plans, medication and

complaints. Where issues had been identified an action plan was in place to resolve them. For example the audit for weight loss indicated that a referral to the dietician had been made.

We saw that compliance visits had taken place each month by the company's compliance team.

Issues raised had been placed on an action plan and we saw these had been actioned. For example, in February an action raised was to clean and tidy the clinical room. We saw this had been completed. There were also some issues about the environment which needed attention, for example a frayed carpet. We saw that this had also been addressed.

People who used the service and their relatives had received a questionnaire regarding social and cultural issues. This had been collated and an action plan devised. Some people had requested arm chair exercise and the action plan stated that an outside agency would be contacted in view of providing this. Another questionnaire had been sent to people and their relatives about the laundry service. This was also collated and an action plan devised. The actions were to iron clothes, return clothes from the laundry within 48 hours, and to look for any missing items. Supervision with the housekeeper had taken place to address these issues.