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Eastcroft Nursing Home

Inspection report

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Banstead
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SM7 3EX

Tel: 01737357962

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection was carried out on 28 April 2016. Eastcroft Nursing Home provides nursing care for people who are elderly and living with dementia. It is registered to accommodate up to 21 people. On the day of our inspection 19 people lived at the service. The accommodation is arranged over two floors. There was a dining room and two lounge areas provided for people. A passenger lift provided access to the first floor.

There was a registered manager in place who was present on the day of the inspection. They were also registered with CQC as the provider. 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.

There were enough staff employed in the service to meet people's needs. People said staff were attentive and they did not have to wait for attention.

People's medicines were administered and stored safely. Risks had been assessed and managed appropriately to keep people safe which included the environment. The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

Accidents and incidents were recorded appropriately and evaluated to prevent or minimise reoccurrence.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff had undergone recruitment checks before they started work.

People's rights were protected under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring that people were consenting to their care. This also ensured that those who were unable to consent and where restrictions to their freedom and liberty had been undertaken, these had been authorised by the local authority.

People received care from staff who had received appropriate training to meet people's needs. The provider ensured all staff were kept up to date with the mandatory training including moving and handling and health and safety. Staff did provide good care to people on the day of the inspection.

Staff were supported in their work and said that they had regular supervision with their manager. There were opportunities for staff and their manager to discuss their performance.

Nutritional assessments were carried out when people moved into the home which identified if people had specialist dietary needs. People had access to a range of health care professionals, such as the GP, dietician and chiropodist.

Staff at the service were caring and supportive and treated people with dignity and respect. We saw that care plans were person centred and had involved people whenever possible. Staff knew and understood what was important to the person.

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Where it had been identified that a person's needs had changed staff were providing the most up to date care.

People were able to take part in activities which they enjoyed. People and relatives told us that they knew what to do if they were unhappy about something. There was a complaints procedure in place for people and relatives to access if they needed to. We saw that complaints were investigated appropriately.

Staff said that they felt supported, valued and listened to. Systems were in place to monitor the quality of the service that people received. This included audits and surveys.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way.

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 home was safe.

There were enough staff employed in the home to meet people's needs.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

People received their medicines on time and as prescribed. Medicines were stored appropriately.

People told us they felt safe and staff understood what abuse was and knew how to report it appropriately if they needed to.

Safe recruitment practice was followed.

Is the service effective?

Good

The home was effective.

Staff had a good understanding of the needs of people who lived at the service. Staff were up to date with their mandatory training.

Staff said they felt supported and had regular supervisions and appraisal with their manager.

People's human rights were protected because the provider had followed the requirements of the Mental Capacity Act 2005. Appropriate applications had been submitted to the local authority if people were being deprived of the liberty.

People were provided with enough food and drink. People said the food was good. Peoples' weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.

Is the service caring?

Good

The home was caring.

People were treated with kindness and compassion and their dignity was respected.

Where people had expressed preferences around their care, these were supported by staff.

People's rooms were personalised to reflect individual personalities.

Is the service responsive?

Good

The home was responsive.

People had needs assessments in place.

Staff we spoke with knew the needs of people they were supporting. There were activities and events which people took part in and enjoyed.

There was a complaints policy and people understood what they needed to do if they were not happy about something.

Is the service well-led?

Good

The home was well-led.

People, relatives and staff said they liked the way the service was managed.

There were effective procedures in place to monitor the quality of the service. Where issues were identified and actions plans were in place these had been addressed.

Staff said that they felt supported, valued and listened to by the management.

Notifications of significant events in the service had been made appropriately to CQC.

Eastcroft Nursing Home

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 28 April and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed all the information we had about the service. This included information sent to us by the provider in the form of notifications and safeguarding referrals made to the local authority. Notifications are information about important events which the provider is required to send to us by law. The provider completed a Provider Information Return (PIR) before the inspection. 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.

During our inspection we spoke with the registered manager, the administrator, the activity coordinator, six people that used the service, five relatives, four members of staff and two health care professionals. We looked at five care plans, three recruitment files for staff, medicine administration records, supervision records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included audits of the home. We observed care being provided throughout the day including during a meal time.

At our previous inspection in June 2014 we had not identified any concerns at the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. They told us that when they needed support staff came to attend to them quickly. Relatives also told us that they felt their family members were safe living at Eastcroft. One relative told us "I feel relieved my family member lives here and is safe." Another relative told us "I have no concerns about my family member being safe."

People were kept safe because staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff said that they would refer their concerns to the registered manager and if necessary to someone more senior. There was a Safeguarding Adults policy in place and staff had received training regarding this. There were notices and leaflets in the office to guide staff and people about what they needed to do if they suspected abuse.

There were sufficient numbers of staff employed in the service to meet people's needs. We looked at the staff duty rotas for the previous four weeks and saw the numbers of staff on duty were appropriate in meeting people's needs. There were four care staff and one qualified nurse employed in the service throughout the day to support people. One qualified nurse and two care staff worked during the night. The service also employed one housekeeper, a cook and an activities person to further support people's needs. Call bells were being answered in a timely way and people did not have to wait when they called for help. One person said "They are very good and always come when I call."

There was a staff recruitment procedure in place. The staff recruitment files looked contained a completed application form with a full employment history. The provider ensured that the relevant checks were carried out that ensured staff were suitable to work at the service and included criminal records checks and references. Staff files included a recent photograph and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or are barred from working with adults at risk. Staff confirmed that they were unable to start work at the service until these checks had been undertaken. We found that the registered manager had a robust system in place for checking qualified nurses' PIN numbers with The Nursing and Midwifery Council (NMC) which they required to practice professionally.

People's medicines were administered and managed safely. Medicines were kept in the nurse's office in a secure cupboard and in a trolley. There was an up to date medicines policy and staff's medicine competencies were regularly reviewed. The administration and management of medicines followed guidance from the Royal Pharmaceutical Society.

We examined the medicine administration records (MAR) charts which were well maintained. Staff locked the medicine trolley when leaving it unattended and did not sign the MAR charts until medicines had been taken by the person. There were no gaps of signatures in the MAR charts and if medicine was not given for a particular reason the correct codes were used to record the reason why. For example if a person was in hospital. People's medicines were reviewed regularly by the GP. People who had been prescribed anticoagulant medicine were supported to access appropriate health care professionals regarding their dosage. Medication training was provided to nurses at least annually.

Where people had 'As required' (PRN) medicine there was guidance for staff on when to administer this. We heard staff ask people if they were in pain and required any medicine for this. Staff followed guidelines by signing when PRN medicine had been given and the information was shared at staff handover to ensure staff knew medicine had been given.

When people could be at risk of harm this was identified and appropriately managed. Risks assessments had been undertaken when necessary. These were included in people's care plans and guidance was given to staff to reduce the risks. For example in one care it was recorded that one person got anxious and started to shout and wander. Guidance was provided to staff on how to support them by offering hot drinks, or suggesting a walk in the garden.
Other risks had also been assessed and managed appropriately to keep people safe. This included the management of manual handling where people had mobility problems, nutrition, skin care and personal care. Risk assessments were also in place for identified risks such as malnutrition and choking with clear guidelines on the action that should be followed by staff. People were provided with thickened fluids to minimise the risk of this occurring and were also given a soft food diet. There was clear guidance provided for staff on these risks and what they needed to do to support this person safely.

Accidents and incidents were recorded and the provider ensured steps were in place to reduce the reoccurrence of these. For example when there had been a series of falls referrals were made to the falls clinic or a sensory mat was used in a person's bedroom to alert staff that they may be at risk of falling. Staff said they would call for help and not let the person alone following an accident.

People would be safe in the event of an emergency because appropriate plans were in place. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and made them safe. There were personal evacuation plans for each person that were updated regularly and a copy was kept in the reception area so that it was easily accessible.

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plans for each person that were updated regularly and a copy was kept in the reception area so that it was easily accessible.

Good

Is the service effective?

Our findings

People and their relatives spoke highly of the staff and their competencies. One person said "They know how to take care of me well." A relative said "It is a relief to for me that staff know how to look after my family member especially when they become anxious."

People were cared for by a staff team who had the skills and qualifications required to deliver care effectively. Staff said they received training to undertake their roles. They told us they had undertaken induction training when they commenced employment and were mentored by an experienced staff until they were competent to undertake tasks alone. Mandatory training was provided regularly and included manual handling, health and safety, first aid, pressure area care and fire safety awareness. Records kept in the home confirmed this.
Qualified staff were able to undertake further clinical training to further their development and practice. This provided them with up to date skills and knowledge to undertake their roles safely and prepare them for revalidation. This is essential to enable them to continue clinical practice.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 make a particular decision any made on their behalf must be in their best interest and as least restrictive as possible. Mental capacity assessments had been carried out for people. Examples of where decisions had been made in line with the act included people receiving medicine and personal care.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

Staff understood the importance of gaining people's consent and we saw evidence of this during the inspection. For example one member of staff asked someone if they could take them to the bathroom to assist them with their personal care and they waited for the response.

Staff received appropriate supervision in line with the provider's policy. Staff told us they had regular meetings with their line manager to discuss their work and performance. One member of staff said " I have regular supervision with my line manager and this is usually positive." All the staff we spoke with said that they felt supported. Records of supervision were maintained.

Staff received annual appraisals to discuss their performance over the year and further training and development needs. All of the staff at the service who had been there for more than a year had received an appraisal with their manager. Both supervision and appraisal are important to help ensure staff were working competently and appropriately and provided the best care possible for the people they support.

People had enough to eat and drink. People told us they enjoyed their food. There was only one choice of meal provided for lunch but people told us if they did not like what was offered they could have an alternative to the menu for example a baked potato or salad. One person told us "The food is nice." Another person said "The food is always good and appetising." A relative told us "The food was satisfactory and my family member seemed to enjoy it."

People were able to eat their meals where they chose. Some people chose to eat their meals in the communal dining room whilst others preferred to eat their meals in the lounge area.
We observed lunch in the main dining room was relaxed and people sat at dining tables with people of their choice. Tables were nicely laid and people were offered a selection of fruit juice and water with their meal. We heard staff explaining to people what they were being served when they had forgotten and offering to cut people's food if they required this. Staff sat with people and provided support for people who required help to eat their food.

Individual nutritional plans were in place that outlined people's specific dietary needs. These were based on the malnutrition universal screening tool (MUST). Nutritional care plans included individual risks and when someone required a soft or pureed diet, diabetic, low or high calorie, vegetarian or cultural diet. When people were assessed as being at risk of choking specialist input from the speech and language therapist (SALT) was in place to minimise the risk. Some people required thickeners with their fluids to prevent them from choking and staff were aware of this. People's weights were monitored monthly to confirm they were having enough to eat and drink. Any issues regarding people's weight were reviewed and appropriate support sought.

The registered manager was proactive in supporting the chef to ensure people were served to appropriate meals and spent time in the kitchen during lunch overseeing this.
We spoke with the chef who explained they were provided with information regarding people's dietary needs. They showed us how they were kept informed of people's changing nutritional needs and if people required an adjustment to their diet.

People were supported to remain healthy. Care records showed people's health care needs were monitored and action taken to ensure these were addressed by appropriate health care professionals. People were registered with a GP who visited the home weekly or more frequently if required. We noted the provider involved a wide range of external health and social care professionals in the care of people. These included a speech and language therapist, local authority DoLS team, a tissue viability nurse and Older People Community Mental Health Teams. We noted that advice and guidance given by these professionals was followed and documented. For example specific guidelines around eating. Appointments with consultants or specialists were made by a referral from the GP if people's health needs changed. People also had access to a chiropodist, dentist, audiologist and an optician regularly. One relative told us "I feel my family member's health needs are met, they get good health care here."

Good

Is the service caring?

Our findings

People told us that the staff at the service were caring. One told us "Staff are very nice and work very hard." Relatives were also complimentary of the staff. One relative told us "The staff are kind and caring and I am reassured they take good care of my relative." Another relative said "This is a good home and meets all our requirements. The provider is very supportive to me and my family."

We observed staff to be kind, caring and patient during the day of our inspection. We heard one person calling out for help on several occasions. Each time a member of staff reassured them, asked them if they were ok and if there was anything they needed. They made sure that sat with that person for a few minutes until they had settled. On another occasion one person had been sitting in front of a cold cup of tea when a member of staff went to them and asked her if they were ok and replaced the drink with a fresh one and supported them to drink. This was appreciated by the person and the staff said "My goodness you were thirsty." During the day staff sat with people and encouraged conversations. One member of staff said "I like it when I get a response from people." Another staff member "It makes my day when I can sit and hold someone's hand and it is even better if they respond to me."

People looked well care for. Their clothing was clean and fresh and their hair was neatly combed. Staff ensured when people used hearing aids that these were in good repair and had batteries that worked to promote good communication. Staff also ensured that when people wore dentures these were cleaned daily and when people wore glasses that they were reminded to use them.

Staff treated people with dignity and respect. Staff were seen to always knock on the doors before entering. One person told us that their door was always shut when staff gave personal care. People were called by their preferred names by staff which was clearly recorded in their care plan. Staff gave us examples of how they treated people with dignity and respect. One told us "I make sure that the curtains and doors are shut when giving personal care." Another member of staff said "I talk to people while I'm providing care and tell them what I'm doing." We heard a staff member explain to someone that they were going to put an apron on them to protect their clothing while they were eating. The person refused this and the staff member respected their choice.

People's decisions around their care were supported by staff. People and their relatives were involved as much as possible in their care planning. There was information in the care plans around people's choices, likes and dislikes. Relatives told us they were asked what was important to their family member. A relative said "We were asked about their previous life, their job, where they lived and their children." We saw that some care plans had detail around people's backgrounds and personal history. The registered manager told us that they relied heavily upon relatives providing them with information around people's personal history. Staff were able to explain the needs of people they supported. They understood about people's life history and family. One member of staff said "I talk to them about their grandchildren when undertaking personal care." Another member of staff said "It is important to know about the people you are looking after it is more personal."

Staff communicated with people in a meaningful way. Some of the people were unable to verbally communicate with staff and others required a little more patience. For people where English was not their first language some staff were able to communicate with them in their own language. There was guidance in the care plans for staff on how best to communicate with people.

People's bedrooms were personalised with photos of family and decorated with personal items important to the individual. People were able to bring items of furniture from their home when they wanted to. Odour control was an issue in two bedrooms and the registered manager provided us with cleaning schedules and a management plan to show they had identified the issue and a plan was in place to address this.

Relatives and friends were welcomed in the home at any time. We saw that relatives and friends were welcomed to the service. One relative told us "The registered manager and staff always make me and my family very welcome." Another relative said "I looked at three homes before choosing this one for my family member. It was the friendliness and the welcome I got made me choose it." A further relative said "It's like a home and not a nursing home and that's what makes it special." Relatives told us the registered manager always had time to talk to them and included them in all decisions about their family members and in home events.

People's independence was promoted and supported. We saw that staff would assist people with cutting their food but would gently encourage them to feed themselves if they could. We saw that people had the space they needed to move freely around the home. Grab rails had been fitted to encourage independence and bathrooms and toilets had been adapted to meet people's mobility needs. There were ramps provided to enable people to access the back garden and the car park to the front of the home.

Good

Is the service responsive?

Our findings

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Pre-admission assessments were completed before people moved into the service to ensure that staff were able to support their needs. Care plans were detailed and covered relevant information with personal preferences noted. Care plans also contained information on people's medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, and care at night, diet and nutrition and mobility. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred. For example there was detail around how best to provide personal care to someone who may become anxious. On another care plan there was detail around how best to provide support to the person whose behaviour may be challenging.

Care plans were reviewed regularly to help ensure they were kept up to date and reflected each individual's current needs. Where a change to someone's needs had been identified this was updated on the care plan as soon as possible and staff were informed of the changes. One person had a change in their nutritional needs and we saw that this information had been shared with staff.

Where clinical needs had been identified the nursing staff had updated people's care plans with guidance on how to provide care to meet the identified need. For example around care for people with diabetes where it was noted the signs to look for should the person become unwell. Care plans for management of skin integrity were evident clearly stating what the concern was and how the care should be administered.

Staff had a handover between shifts to endure staff were provided with up to date information. Daily records were written by staff each shift which included detail about the support people received throughout the day. Relatives said that they were kept up to date regarding any changes in their family member's care. One relative said "The registered manager is very good getting in touch with me if something changes with their family member."

People were very enthusiastic about the activities provided. One person said "There is always plenty to do here." Another person said "I please myself and take part in activities depending on how I feel." Relatives spoke highly of the activities in place and one relative said "I will join in if I am visiting." There was an activity coordinator at the service who undertook a wide range of activities which included games, movies, listening to music, pampering arts and crafts, gardening and reminiscence. They told us they joined a special library where they could hire old games, skipping ropes, and old picture books to generate conversation and stories. On the day of the inspection there was a group activity taking place where people were being supported to take part in art and colouring. The activities coordinator told us that they planned activities around various events. For example they had tea parties to celebrate people's birthdays and that they were planning an event to celebrate the Queen's birthday. We saw photographs of previous events like an Easter bonnet display a Christmas party. People's independence was promoted and supported.

Peoples spiritual needs were respected and visits from local clergy were organised on request.

When asked people who were able told us that they would have no concerns making a complaint if they needed to. One person told us "I have never made a complaint." One relative told us if they had any issues they would talk with the registered manager who would deal with the matter immediately. For example if it was concerning anything to do with care. There was a complaints procedure in place for people to access if they needed to. We saw that when a complaint was made this was recorded together with how the complaint had been managed and the outcome achieved. In all of the cases the person was written to by the registered manager and a full investigation undertaken. Staff said that if people had concerns or a complaint they would support them to speak to the manager.

Good

Is the service well-led?

Our findings

People and relatives felt the service was managed well. One relative said "The support we get from the management team is second to none." Another relative said "They felt comfortable with the management style of the home and would not change anything." One health care professional told us "The overall management of the home is good and they will not hesitate to contact me when necessary."

The registered manager was present on day of the inspection. They were supported by the administrator and qualified staff who also undertook some of the management responsibilities in the home.

Staff said that they were supported by the registered manager and felt they could raise any concerns or issues they had in confidence. One member of staff felt they were valued and said "That is what makes the job worthwhile. Another member of staff said "If there is any additional training I may need to undertake my responsibilities the registered manager will provide this." Staff told us the manager was present in the home every day and helped them as required. They said they liked this as the registered manager could see first-hand what they were capable of and give praise accordingly. Staff understood what whistle blowing was and that this needed to be reported. They said they never had to do this but had confidence they would be listened to if required to do so.

Staff meetings took place infrequently, but staff said they could have daily discussions amongst themselves to talk about anything they wished.

An auditing system was in place to monitor and drive improvement. The registered manager had a clear management structure in place so the staff knew their roles and responsibilities. The registered manager delegated various tasks to senior staff. For example reviews of care plans, medicine plans, risk assessments, and needs assessments were undertaken by the clinical staff and updated as and when required.

Health and safety audits were undertaken by the administrator to ensure the safety and welfare of people living in the home, people who visited the home, and to promote a safe working environment for staff who worked in the home. Records relating to health and safety included utility checks, fire safety, and equipment were maintained to ensure the safety of people, visitors and staff. We noted an assisted bath had been found requiring maintenance from the manufactures which had been outstanding for several months. This had an impact on the assisted bathing facilities available to people and required speedy action from the provider which they said they would undertake immediately.

Systems were in place to monitor the quality of the service that people received. People and relatives were asked for their views in a questionnaire that was distributed yearly to people. Questions included quality of care, cleanliness, attitude of staff, environment, and catering. The overall comments were positive for example "The staff are wonderful and we were lucky to have found a place like this" "The food is generally good but then again you can't please all of the people all the time." There was total satisfaction with the standard of care provided. Relatives said staff were kind and knew their family well. Activities were praised and the activities coordinator got recognition for all the support they gave to people.

There was a provider plan in place where improvements to the service were being reviewed. It had been identified that aspects of the environment needed to be improved for example the odour in two rooms. The registered manager and staff told us that the service was due for a refurbishment that was due to take place this year and a new floor would be provided for the rooms identified. A new office was also being provided to promote privacy when confidential issues needed to be discussed.
We asked to see a random selection of staff recruitment files. Some of the files we asked for were not on the premises and we were told these were being updated outside the home. This was not in line with the provider's recruitment processes in place. We also noted that an audit of when a hydraulic bath was first requests to be repaired was not maintained. The provider may wish to note records relating to staff and the management of the home should be retained in the home for information.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider had informed CQC of significant events that happened in a timely way. This meant we could check that appropriate action had been taken. The PIR had been completed when requested and the information given by the registered manager matched with what we found on the day.