

Eastleigh Care Homes - Minehead Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eastleigh Care Home – Minehead Limited is a care home for up to 69 people. The home provides nursing and personal care. It specialises in the care of older people, including people living with dementia. At the time of the inspection there were 58 people living at the home.

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

Overall, medicines were being managed safely. However, we have made a recommendation about medicines management, specifically around information relating to time critical medicines to ensure they are administered as prescribed.

People were comfortable and relaxed at the home. Risks of abuse to people were minimised because staff knew how to recognise and report signs of abuse. Staff told us they would be confident to report their concerns to the provider.

People were able to receive care and take part in their chosen activities safely. This was because risk assessments were carried out, and control measures identified, to minimise risks.

There were sufficient staff to keep people safe and to meet their needs. Staff responded promptly to people to make sure they did not wait an unreasonable amount of time when they required assistance.

People lived in a home which was well maintained and safe. Staff followed up to date guidance on infection prevention and control to minimise risks to people.

People could be confident that the home was well managed by the provider. There were systems to monitor standards of care and plan ongoing improvements.

People and their representatives were kept up to date with any changes at the home. Staff supported people to keep in touch with friends and relatives in accordance with up to date government guidance.

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 29 November 2017.)

Why we inspected

We received concerns in relation to people not having their safety needs met. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastleigh Care Home – Minehead Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The two inspectors visited the home and the Expert by Experience made phone calls to relatives of people who lived there.

Service and service type

Eastleigh Care Home – Minehead Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection a new manager had been appointed but had not yet begun work. The

home was being managed by the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was announced.

We gave a short period of notice of the inspection because we wanted to ensure the safety of people, staff and the inspectors in light of the COVID- 19 pandemic.

What we did before the inspection

We reviewed all the information we held about the service including concerns that had been raised with us. We also sought, and received, feedback from the local authority's quality team. We asked the provider to provide some specific information.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with eleven people who lived at the home and eleven staff. We observed care and support offered to people in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. The Expert by Experience spoke with seven relatives on the telephone to seek their views.

We reviewed a range of records which included two staff recruitment files, seven care and support plans and records relating to medication administration.

After the inspection –

We asked the provider to provide a range of documents to support the evidence we found at the inspection. These included specific risk assessments, quality monitoring audits and health and safety records.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the home because the provider had systems to make sure staff knew how to recognise and report concerns about possible abuse. The provider reported concerns to the appropriate agencies and made sure full investigations were carried out where necessary.
- Not all newly appointed staff had received formal safeguarding training. However, all staff spoken with said they were confident that action would be taken if they reported concerns, to keep people safe. One member of staff said they had highlighted some concerns to the nominated individual and immediate action was taken.
- People appeared comfortable and relaxed with the staff who supported them. We saw people smiling at staff and taking their arm to walk with them. One person said, "Staff are always kind. They make you feel safe." Another person commented, "I feel safe and secure here." One relative told us, "She is 100% safe, they are really good".

Assessing risk, safety monitoring and management

- Risk assessments were used to ensure people received care and support according to their individual needs. For example, individual assessments had been carried out to make sure people stayed safe during the COVID-19 pandemic. Risks to people's physical health had been weighed against their well-being and the necessary action was taken.
- Where appropriate, risks and control measures were discussed with people. One person told us about things that had been put in place to maintain their safety. They said, "It's all been agreed with me. The staff have been great." The risk assessment meant the person was able to carry on a specific activity safely. We saw another person had received a letter outlining their risk assessment.
- Where people were at risk of pressure damage to their skin, the necessary equipment was used to reduce the risk. The provider had recognised some people were at increased risk of developing pressure damage. As a result, they had invested in air mattresses which automatically calibrated in accordance to the person's weight and position in the bed. This reduced the risk of injury to people if staff entered their weight incorrectly.
- Environmental risks to people were minimised because an appropriate risk assessment had been carried out. Identified risks and control measures were clearly recorded to help to keep people safe around the building and grounds.
- People were supported using equipment which was regularly checked and serviced. There were regular internal checks on equipment such as bedrails and fire detecting equipment. Outside contractors carried out servicing and maintenance on a regular basis. This helped to ensure equipment was safe for people and

staff to use.

Learning lessons when things go wrong

- People could be confident that lessons were learnt, and changes made, when things went wrong. This had included additional training and reflective practice for some staff following incidents or concerns.

Staffing and recruitment

- People were cared for by staff who had undergone a thorough recruitment process. Recruitment files showed staff did not commence work at the home until references and checks had been carried out.
- There were adequate numbers of staff to keep people safe and meet their needs. We saw that when people needed assistance staff responded to their needs promptly. One person said, "The staff are doing important things, they come as quickly as they can." One relative commented, "There is always someone around if they need help. When they press the buzzer there is someone there within a minute or two".

Using medicines safely

- Overall medicines were managed safely to ensure people received their medicines as prescribed. However, on occasion, we found time critical medicines were not given as prescribed. The provider undertook regular monthly medicines audits, but these did not include monitoring time critical medicines.

We recommend the provider reviews the monthly medicines audits to include the administration of time critical medicines to ensure they are given as prescribed.

- People received their medicines safely because staff administering medicines had received training and had their competency assessed.
- Medicines were stored safely, including medicines requiring extra security. There were suitable arrangements for ordering, receiving and disposal of medicines.
- Records contained clear instructions about how to support people safely with their medicines. For people with complex medicines administration needs, such as requiring medicines to be given via a percutaneous endoscopic gastrostomy tube (PEG), clear documentation was in place to support safe administration of medicines.
- Regular audits were carried out and where issues were identified, action was taken. For example, addressing the supply of medicines. Where medicine errors or incidents had occurred, actions had been taken to reduce further incidents. For example, additional support for staff was provided to ensure the safe administration of seizure rescue treatments.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- At the time of the inspection there was no registered manager at the home. However, a new manager had been employed who was due to start shortly. To ensure the home continued to have a management presence, the provider's nominated individual was overseeing the home.
- The nominated individual was experienced and very knowledgeable about people. There was a clear structure within the staff team ensuring staff were clear about their roles and responsibilities. We found the service was well-organised, with clear lines of responsibility and accountability.
- Relatives had confidence in the current management of the home. One relative told us, "It is as well run as it possibly can be – they are on the ball". One relative said about the nominated individual, "She is very supportive, I can't rate her highly enough".
- The provider was clear about their role and regulatory requirements. They communicated with the Care Quality Commission and other appropriate agencies when necessary. They also notified relevant bodies of significant incidents in a timely manner.
- People lived in a home where the provider used audits and observations to continually improve the care and facilities offered to people. There were regular audits carried out and where shortfalls were identified action was planned to make sure improvements were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were happy with the care they received and were comfortable at the home. One person said, "I feel completely looked after. It's one of the best places." A relative said, "I would say it is a nice place. If I ended up in a care home I would want to go to Eastleigh". Another relative commented, "It is a lovely atmosphere and is always fresh and clean. Just like home."
- People experienced a good standard of care, and they were happy with the level of support they received and praised the staff team. Comments included, "I like the staff. I like to chat to them to keep my brain working" and "Staff understand me; they ask about what I want. They are friendly and kind."
- People lived in a home where the nominated individual was reviewing staff practices and procedures. Staff told us this had led to improvements in the operation of the home. For example, improved communication between the team and focus on more person-centred care and support for people living with dementia. One member of staff said, "The ethos is all about people as individuals."

- The provider was ensuring staff had the skills and support they needed to meet each person's individual needs. One member of staff had recently completed a training course to become the home's behavioural specialist. This would mean they could work alongside other staff to identify and support people with behaviours which may be communicating unmet needs.

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

- The provider acted in a transparent way. When audits highlighted shortfalls in the care people received, the nominated individual shared their findings and the action they were taking to make improvements.
- People described the nominated individual as very open and approachable. Staff said they would be comfortable to raise concerns or share their views.

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

- The provider had kept people, relatives and staff up to date with changes during the COVID -19 pandemic. This had included regular emails and video calls. One relative told us, "They have on-line presentations informing us of any changes and they phone us regularly".
- The nominated individual held staff meetings to disseminate information and ensure staff had opportunities to share their ideas.
- The staff worked in partnership with other professionals, such as speech and language therapists and dieticians to make sure people's individual needs were met. A relative told us how well the staff had worked with a GP and dietician to make sure a person's needs were met.