

Forthmeadow Limited

# Eastwood House

## Inspection report

24 Church Street  
Eastwood  
Nottingham  
Nottinghamshire  
NG16 3HS

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Eastwood House is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 19 people.

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

We last inspected the service in June 2021 and at that time we had concerns regarding infection control, managing risks to people, governance of the home and Eastwood House was rated Inadequate overall. At this inspection we found improvements had been made and the home was no longer in breach of regulations, however further improvements were still needed.

Quality checks and audits had been completed but had not always been effective in identifying the shortfalls found. The culture within the home was positive in promoting person-centred care and positive outcomes for people. The provider was willing to make further improvements to the home.

Systems were in place to protect people from the risk of abuse. Risk assessments had been carried out to identify risks. There were enough staff working at the home to meet people's needs. The provider had robust staff recruitment practices in place. Medicines were managed safely. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Inadequate (9 July 2021) with three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 9 July 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Eastwood House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Eastwood House 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with

four members of staff including the registered manager, administrator and senior care workers and a district nurse who was visiting the home. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, further improvements are needed.

- Risks to people were not always fully assessed and monitored to keep them safe.
- At our last inspection we found people were at risk from developing sore skin, choking and risk related to fire safety. At this inspection we found risks to people had been assessed and managed to keep them safe. For example, pressure relief mattress checks were introduced to ensure they were set to the correct settings to prevent the risk of people developing sore skin.
- Fire related concerns were addressed by the provider and the home's fire risk assessment had been completed by an external expert. The provider was still in the process of actioning recommendations made in their fire risk assessment.
- People's personal emergency evacuation plans in the event of fire had been reviewed and updated to give staff enough details on how to evacuate people from the home in case of fire emergency.
- We found exposed heating pipes in one bedroom and one radiator without a sufficient cover in another. Whilst the pipes and radiators were not hot at the time of our inspection there was a risk that during colder weather the heating will be activated, and the radiator and pipes may get very hot. People who lived in these bedrooms were at risk of falls and could fall on them causing risk of burns. We raised it with the registered manager and the provider who told us they will report it to maintenance person to these covered.

### Preventing and controlling infection

At our last inspection the provider had not ensured the premises and equipment used by service users were clean, secure, suitable, properly used and maintained. This is a breach of Regulation 15, Premises and Equipment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had addressed the concerns we found at our last inspection and had plans for further improvement work to the home. The registered manager told us the provider had plans to put in a sluice room in one of the unused bathrooms to ensure waste is properly disposed of, without any risk of cross contamination.
- The registered manager told us one commercial type washing machine was out of use for over a month due to a technical problem and there was only one other washing machine available. We saw an accumulation of soiled laundry ready to be washed in the laundry room. This meant there could be delay in washing people's laundry and risk of cross contamination. Additionally, there were no domestic staff working in the afternoon and care staff were required to carry out laundry duties which took them away from providing actual care to people.
- The home looked clean and improvement to some bathrooms, communal areas and some bedrooms were made. This included fresh paint and new flooring.
- The provider had updated their infection prevention and control policy. The home's COVID-19 risk assessment reflected latest government guidance.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Staffing and recruitment

- People were supported by enough experienced staff.
- The registered manager used a dependency tool to determine safe staffing numbers. We looked at a sample of the staff rota and found staffing levels reflected the needs of the people. Staff told us they occasionally found it difficult to care for people and carry out cleaning tasks especially in the afternoons when domestic staff were not there.
- The registered manager and the provider had recruited more regular staff. Agency staff were no longer needed in the home, and most staff shortfalls were now covered by regular staff. An activity co-ordinator had been employed to provide entertainment and meaningful activities to people.
- The provider's recruitment processes and systems were safe and appropriate pre-employment checks such as staff criminal background checks were completed.
- One person told us staff were kind to them and staff respond to call bells promptly.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable risk of abuse.
- When safeguarding concerns were identified they were managed by the registered manager. Appropriate referrals to the Local Authority and CQC were made in a timely manner.
- People told us they felt safe living at the home. One person told us, "Yes I am safe, I have nothing to worry about." Staff confirmed they had received safeguarding training and that they would not hesitate to report any concerns relating to people's safety.

#### Using medicines safely

- People were supported to receive their medicines in consistent and safe way.
- People's medicines were stored correctly. We found a minor discrepancy in one person's medicine administration record (MAR) chart. We highlighted this to the senior staff member and registered manager who told us they will investigate this discrepancy.
- We looked at staff training in relation to medicines and found that night staff had not been trained to administer medicines. This meant people could not always get their medicines should they need it at night-time, for example a pain killers. The registered manager showed us evidence to demonstrate the night staff had been signed up to complete the relevant training now.



- Some people were prescribed 'when required' medicines such as pain relief and medicines to relieve anxiety. There was clear guidance for staff about when to give them, how often and what action to take if they were not effective.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded appropriately and reviewed regularly to look for any potential trends.
- Records showed appropriate actions had been taken following incidents to reduce risk to people. For example, when people suffered a head injury as a result of a fall, staff implemented regular observation charts to monitor signs or symptoms for potential complications.

# 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 inadequate. At this inspection this key question has now improved to requires improvements. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to ensure that effective governance processes were in place to help to identify, monitor and act on the risks to people's health and safety. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 however we found the provider needs to make improvements.

- The provider had completed an action plan following our last inspection outlining what actions they will take to improve the quality of the home. At this inspection we found improvements to the environment, governance and management systems were made.
- The registered manager carried out a range of audits in relation to people's medicines, health and safety, mealtime experience and activities. However, we found some audits were not fully effective in identifying and addressing quality and safety concerns. For example, the environmental checks had not identified exposed radiator and radiator pipes which placed people at risk of burns. Weekly medicines audits had not identified a discrepancy with the stock of one medicine. This meant the provider's quality checks required further strengthening to drive improvements within the service.
- We looked at the provider's Fire Risk Assessments which was completed in June 2021 by an external expert. Some shortfalls were found, and a list of remedial recommendations were shared with the provider. The provider had addressed some of the issues, however at the time of our inspection some actions that needed urgent attention were still outstanding. For example, four fire doors needed to be replaced. The registered manager told us the provider was actively looking for quotes to replace these. We will request an update from the provider on completion of this.
- The provider had updated their own policies and procedures to reflect current regulations.
- People told us they were happy with the care and services they received. One person who recently moved into the home told us, "I thought I will come and have a look if I like it here and so far, so good. Staff are nice, food is nice, and my room is very spacious. I have nothing to complain about."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The provider had sent out surveys to people's relatives seeking their views about the home. We looked at some responses and found the feedback to be mixed. For example, one relative's comment included, "We have not really had any major concerns or complaints," and "There are some really lovely staff who have gone out of their way to care for [person] and done some lovely things." Other comments included, "We are contacted if there is a problem and staff are always keen to sort things out. Other than that, we are not really contacted or given any information really. The staff are often too busy to have proper conversation."
- The registered manager and administrator were still in the process of collating the feedback from relatives and told us they will review it, analyse it and action negative comments in a form of, "You said – we did," To show actions they have taken in response.
- The registered manager told us they held regular staff meetings during which staff could share their views and give their input. We looked at the latest team meeting record and found that concerns found at our last inspection were discussed with staff to agree solutions to make improvements to the quality of the care at the home.
- The registered manager had worked in partnership with healthcare professionals. A visiting district nurse told us they had no concerns about the home and that the staff were very pro-active in recognising changes to people's needs and alerting medical practice about any issues.

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 registered manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated about any incidents affecting their loved ones.