David Mitchell

Easterlea

Inspection report

Easterlea Rest Home
Hambledon Road, Denmead
Waterlooville
Hampshire
PO7 6QG

Tel: 02392262551

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22 July 2016

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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

Easterlea Rest Home provides accommodation, personal care and support for up to 18 older people. At the time of our inspection there were 16 people living in the home.

The inspection was unannounced and was carried out on 20 and 22 July 2016 by one inspector.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The home was last inspected in February 2015 when one breach of the regulations was identified in relation to ensuring people had privacy regarding personal care. The provider sent us an action plan telling us how the service was being improved and at this inspection we saw theses actions had been completed.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect.

People told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported

people, when necessary in a patient and friendly manner.

The service was responsive to people's needs and staff listened to what people said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People were confident they could raise concerns or complaints and that these would be dealt with.

People and when appropriate their families or other representatives were involved in discussions about their care planning. People were encouraged to provide feedback on the service provided both informally and through an annual questionnaire.

People felt the service was well led and were positive about the registered manager who understood the responsibilities of their role.

The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare. Staff felt they would be supported by the management to raise any issues or concerns and spoke positively about the culture and management of the home.

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.

The registered manager had assessed individual risks to people and had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Staff sought verbal consent from people before providing care and followed the legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

The service promoted people's independence and autonomy.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

Care plans and activities were personalised and focused on individual needs and preferences.

The registered manager involved people and their representatives in planning care and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The registered manager adopted an open and inclusive style of leadership.

Staff received support and were well informed.

The registered manager and the provider played an active role in quality assurance and helped to ensure the service continuously developed and improved.

Easterlea

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 checked 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.

The inspection was unannounced and was carried out on 20 and 22 July 2016 by one inspector.

During this inspection we checked that a breach of legal requirements identified at the last inspection on 17 February 2015 had been addressed.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with four people using the service and another person's visiting relative. We observed care and support being delivered in communal areas of the home. We spoke with three members of the care staff, the deputy manager and the registered manager. We received feedback from a community care professional.

We looked at a range of documents and written records including five people's care records, staff duty records, staff recruitment files, risk assessments and medication charts. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

Good

Is the service safe?

Our findings

People felt safe and well treated living at the home. Their comments included: "You're never frightened to ask for anything". A visiting relative said they felt their family member was supported safely, for example when mobilising, and "had not had any falls for a long time". A community care professional said when falls occurred the service implemented their procedure to inform the local GP surgery.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were protected and their rights upheld. Policies were in place in relation to safeguarding and whistleblowing procedures and these were accessible to all staff. Records showed and staff confirmed they had received training in safeguarding adults as part of their training and this was regularly updated.

Risks to people had been identified, assessed and actions had been taken to minimise the risks, such as the risks of people falling, becoming malnourished or developing pressure sores. This information was recorded in each person's care records and updated regularly with any changes to the level of risk or changes to health. For example, one person had been at risk of weight loss following discharge from hospital and was now back on a solid diet and drinking independently.

Staff were aware of the risk assessment and management plans in place for people. Staff acknowledged that some risks to health and wellbeing needed to be accepted and taken, in order to promote and not limit people's freedom and independence. A person told us they had use of a walking aid and a wheelchair and said they could "Go down the garden and out for walks" with a support worker. They said "I take the extension phone with me into the garden in case I need help". Another person told us "You are able to do what you want to when you want to; you're not restricted in any way".

Staff told us they used the new computerised recording system to leave 'warning' messages, as part of the daily handover. These actions could only be signed off by senior staff when complete. We saw this system showed when the service had notified the local authority safeguarding team in relation to a person who had a fall. The computerised system had an emergency back up system to prevent information being lost.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. People told us that staff were available when they needed care and support. One person said "If the emergency buzzer goes they move quickly". Staff confirmed they thought there were enough staff on duty and were able to respond to people quickly. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. The registered manager told us three apprentice staff were also deployed in addition to the target staffing levels, until they had gained enough experience. The rota clearly showed this arrangement. The apprentice staff were completing induction and further training to help ensure they had the required knowledge and skills to support people safely.

The service followed safe recruitment practices. Staff told us they had undergone thorough checks before they were allowed to start work. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Two external people commissioned by the provider to facilitate activities had also undergone DBS checks.

There were safe medicines administration systems in place and people received their medicines when required. A person told us they received their medicines regularly and said "I don't have to ask for it". Staff confirmed they had training in the safe administration of medicines, followed by observation of their working practice and competency by senior staff, who also "Make sure staff are comfortable giving medicines". Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them. They ensured each person had a drink to assist them to take their medicines. Medicine administration records (MAR) were signed after each medicine was successfully dispensed.

The service used a monitored dosage system (MDS). A MDS is where prescribed tablets are received pre-dispensed by the pharmacy in trays of sealed removable pots containing the correct dosages for the stated time of day. Staff checked and recorded medicines coming into the home and we saw these records were up to date. Any interim medicines, prescribed for and used by people in between pharmacy deliveries, were clearly recorded in the medicines administration records (MAR). Other medicines, including topical creams and lotions, were appropriately stored and body maps were used to help ensure creams were applied to the correct areas. A controlled drugs (CD) cabinet and logbook was available, though not currently in use. The remainder of the CD's previously in use had been returned to the pharmacy in line with procedure and this was recorded.

Audits were undertaken by the registered manager to ensure the provider's policy and procedures regarding medicines were adhered to.

A weekly room and home audit took place, which helped to ensure that the home environment was safe. The service employed a maintenance person and records were kept of work requested and the dates when work was completed. An emergency contingency plan was in place that provided guidance for staff on what to do in the event of a gas or water leak, as well as emergency evacuation procedures.

Good

Is the service effective?

Our findings

People confirmed that staff worked effectively as a team and had the knowledge and skills to meet people's needs. A community care professional confirmed people were supported to maintain good health, for example by contacting the person's GP or the community nursing team.

The provider had a system to record the training staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults, fire safety and moving & handling. Staff had access to other training focused on the specific needs of people using the service, such as dementia awareness, and were supported to undertake a vocational qualification in care. Staff told us the training helped them to understand and meet people's needs. For example, they explained how they approached and communicated with individuals who were living with the early symptoms of dementia. One member of staff spoke about the importance of "Patience; learning to speak slowly and giving options but not too many". Another member of staff told us it was important to give people time "to make sure they understand what you're saying". They said they "sit with people sometimes and reassure them if they're getting upset". Following the inspection the registered manager informed us they had moved the optional dementia course on the training matrix to the mandatory section and all the staff had now completed it.

New staff were supported to complete an induction programme before working on their own and this included shadowing experienced staff. The provider had introduced the new national Care Certificate, which sets out common induction standards for health and social care staff.

Staff had regular supervisions where they could "Discuss workload, any concerns, and any training needed". Supervisions provide an opportunity for management to meet with staff, give feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away. A member of staff told us they were "Happy to talk to managers about any concerns".

Staff had received basic training in the Mental Capacity Act 2005 (MCA). The 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. Staff showed an understanding of the principles of the MCA in relation to people they were supporting. Before providing care, they sought consent from people and gave them time to respond. Staff were aware that some people had capacity to make decisions, while others may require more support in relation to bigger decisions that may need to be made.

People had signed their agreement to their care plans and staff supporting them. People had also signed to consent to information about their care needs being shared with relevant others if this was needed. People told us that staff asked for their consent when they were supporting them. One person said "They check and

ask if it's okay to do things". Another person said "They ask before giving care". Daily records of care showed that when people declined care this was respected. Where people lacked capacity, best interest decisions had been made and documented, following consultation with family members and other professionals. Where a person was unable to make decisions regarding their finances, a family member had lasting power of attorney and this was clearly recorded.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Although the registered manager had not needed to send any DoLS applications, they understood when such an application should be made and how to submit one.

People were effectively supported to eat and drink enough to meet their needs. Each person had a nutritional assessment and support plan that was kept under review. People told us they enjoyed their meals. One person said "The food is marvellous. Today I had one of my favourite dishes". Another person gave the thumbs up sign regarding the food and told us they could ask for an alternative to the menu and the staff would do this for them. This was confirmed by others. A relative told us the service had a "Brilliant Cook" and said "Overall, the food and cooking is quite good. They will try different things for people. If people ask, they can have an alternative".

Staff were aware of people's likes and dislikes, allergies and preferences. There was a four week rolling menu based on meals people had said they liked. Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate. Drinks were offered to people throughout the day.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had appointments with health professionals, such as GP and community nursing services, chiropody, occupational therapists, opticians and dentistry. Staff followed the recommendations of healthcare professionals. For example, we observed staff checked that one person was resting their feet in the correct position, in line with their care plan and GP's recommendation. Another person confirmed they had access to health care services and staff would support them with this if they needed it.

Good

Is the service caring?

Our findings

At the inspection in February 2015, we found the provider was in breach of a regulation associated with ensuring people had privacy regarding personal care. Following the inspection, the provider sent us an action plan that showed what steps would be taken to meet this regulation. At this inspection, we found that improvements had been made and that this regulation was met.

The relationships between staff and people receiving support demonstrated dignity and respect. The care staff were kind and courteous and we observed they knocked on doors before entering people's rooms. People received personal care in the privacy of their bedrooms. Staff gave examples of respecting people's privacy and dignity, for example keeping a person covered as much as possible while assisting them to wash. A person told us staff were "friendly and respectful. I like it here". A visitor confirmed staff treated their relative with respect and supported them in ways that protected their dignity.

A community care professional told us the staff were very friendly and made the effort to get to know people's histories, likes and dislikes. The service was working to ensure a male member of staff was available at regular intervals during the week, in order to meet a person's expressed wish to only receive bathing support from male care staff.

Care plans and associated records were written in a way that promoted dignity and respect. For example, a person's summary care plan stated the name by which they liked to be addressed and informed staff the person had 'some short-term memory loss but this does not impede on any cognitive skills'. We observed staff addressed the person by their preferred name. Staff spoke in a caring way about people. For example, one care worker said "You should not see people for the dementia label, but see the person and not assume things".

People told us they were happy with the care they received. Their comments included: "I'm so lucky to be here. It's a marvellous place. I can't find fault. The care staff are so loving; and when you get old you need a bit of love"; and "It's going very well indeed. Nice home, nice people, nice food, nice carers, nice beds". A relative told us "You couldn't fault the care. Everybody says the same. The care you get here is second to none".

We observed that staff were kind, caring and friendly in their approaches to people's care. There was a good rapport between staff and the people they supported with lots of smiles and laughter. One person was in their room, viewing their photograph collection on their television screen. They told us "I'm down memory lane". The deputy manager had written out instructions for them on how to operate the remote handset to view their photographs. The person told us "I'm comfortable. It's just like home".

People received care and support from staff who had got to know them well. One person told us "I get on so well with all of them". They said the registered manager was "So lovely" and "has been so good to me". Another person said "Care staff are friendly, we have a joke. If we don't feel like talking we don't have to. They weigh our moods up". A relative told us "They put on a good spread for her birthday, and at Christmas,

including a brass band". They said they were "Totally happy with mother here and the care she gets". A member of staff told us "We know people's routines and assist them accordingly".

Staff promoted people's independence by explaining options of care and respecting their choices. One person had a small garden where they grew tomatoes and strawberries. They told us they could access the garden when they liked and there was a rail to help them down the steps.

A relative told us their family member had an end of life care plan that included an advance decision to be cared for in the home rather than go into a hospital. "I want her here, not in hospital. I know they will care for her in her dying days. She gets the tender loving care".

Good

Is the service responsive?

Our findings

People told us they felt the staff were responsive to their needs and any concerns they had. They knew the names of the staff and managers. A person told us "The rapport, and how they respond to what I like or don't like, is good". Another person said "They know I only have one cup of coffee a day, at breakfast time", and added "You even get help with your shoes". One person told us the registered manager "Walks around and you can always go into the office and chat to her if there's anything that worries you". This person told us they could talk about the care and support they received and the managers responded appropriately.

A relative said staff would notice health issues through observing changes in the person's communication and behaviour, which would then be referred appropriately. Staff kept them informed about any changes in the person's health and wellbeing and actions that were taken. The relative was involved in care reviews and received an annual survey questionnaire that provided an opportunity to give feedback about the overall quality of the service. The registered manager demonstrated how the service had responded to feedback and improved through the implementation of a system of daily checks by designated staff. The relative told us "If I am concerned about anything I can tell (the registered manager) and she will take appropriate action".

A community care professional told us the staff and management were very attentive and willing to support people.

Before people moved into the home they and their families or representatives participated in an assessment of their needs to ensure the service was suitable for them. Involving people in the assessment and subsequent regular reviews helped to make sure that care was planned around people's individual care preferences. Following this initial assessment, personalised care plans were developed that provided guidance about how each person would like to receive their care and support, including their preferred routines of care and how they communicated their needs.

Through talking with people and the staff and through observation, it was evident that staff were aware of people's care needs and acted accordingly. All staff contributed to keeping peoples' care and support plans up to date and accurate. Staff told us the new IT system in use had made it quicker for them to "Look up and input information, see what's happened that day and any alerts". They told us how they would know when a person was becoming unwell and the action they would take, for example if a person had an infection.

Staff responded well to people's emotional needs and this was further confirmed by the records. Entries included a member of staff 'singing along with (the person) and having a little chat'; and 'A little unsettled this evening, had a chat and cuddle and left her in a more positive frame of mind'. When a person had declined personal care, staff had said they would go back later and the records showed staff had done so.

People's daily records showed what recreational and social activities they had taken part in. The records also showed staff spent time talking with people. For example, 'Chatted with (person) in his room as rain

stopped us going out'; and 'Went with (person) for a walk and he caught up with the neighbours'. Staff told us "After lunch we get more time to sit and chat with people; and also between 10:30 and 11am". They told us there were also times when a member of staff could support people to go for walks and into the village. "Sometimes there are three care staff plus two management staff, which is plenty".

The registered manager had commissioned the services of an external person who took a lead role in facilitating activities for people on a group or one to one basis. Another external company provided keep fit classes. The service made arrangements for a variety of recreational and social activities, such as a visiting farm and birds of prey; and events such as a 'Wimbledon tea'.

People told us they would feel comfortable raising any concerns or complaints. The registered manager told us they had received no complaints about the service in the last 12 months. There was a system and procedure in place to record and respond to any concerns or complaints about the service. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns. The service had received 16 written compliments in the last 12 months, thanking the staff team for the quality of care, including end of life care, and their kindness to people, including the time spent in preparing for parties and special occasions.

Good

Is the service well-led?

Our findings

People told us they felt the service was well-led. A relative told us "I trust (the registered manager) totally". A community care professional told us the service was very accepting of visits from professionals and arranging joint meetings if concerns arise. For example, the registered manager had negotiated an agreement with the local authority for a person to visit the home daily for lunch and as a day activity one day per week.

The registered manager and deputy manager maintained a presence in the home and people and staff told us they were approachable and listened to what they said. Staff said the management team were supportive of them in their work and on-going development. One member of staff described the registered manager as "So helpful". Another member of staff told us "We have meetings, time to discuss things. We are quite a close knit team". The minutes of one such staff meeting showed there had been discussion about new systems of working, staff conduct and behaviour, and positive feedback regarding the service winning a care home award. Staff had a clear understanding of their roles and responsibilities and demonstrated passion and commitment in their work.

The registered managers of the providers two services met to discuss practice and service development. Regular audits took place and the minutes of a recent meeting showed that actions were taken when required. The medicines audit had identified when a recording error had happened, as a result of which lessons were learned and action taken. A designated member of staff was now responsible on each shift for making sure records and other tasks were completed. The registered manager had also recently implemented a change to the management on-call arrangements, which ensured that a manager was present in the home at weekends while on call.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. We looked at the 12 responses from a satisfaction survey carried out in May 2016. The survey asked people and their representatives to rate and comment on aspects of the service such as the quality of care, friendliness and helpfulness of staff, choice and quality of meals, general maintenance, safety and security. We saw that the overall responses were complimentary. The registered manager told us that when comments were made to suggest improvements she acted on this. For example, the service had purchased new chairs for the front porch where people liked to sit.

Since the last inspection the provider had purchased a new computerised system for documenting people's care and other aspects of the service such as staff records. The managers and staff told us the new system had improved the quality and efficiency of record keeping in the home.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

Procedures were in place for responding to and reporting accidents and incidents. The registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of registration. The rating from the previous inspection report was displayed in the reception area and on the provider's website.