

Anchor Hanover Group

Eastlake

Inspection report

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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

About the service

Eastlake is a residential home providing accommodation and personal care for up to 53 people aged 65 and over. Some people living at the service are living with dementia, others are elderly and frail or have medical conditions that require them to live in this type of service. At the time of our inspection, there were 48 people living at Eastlake.

The service is divided into four units. Each unit has its own lounge and dining area. There is a level communal garden for everyone to use.

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

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. Staff had not always followed the principals of the Mental Capacity Act 2005. Although the registered manager acted on the shortfalls immediately, we have issued a recommendation to the registered provider in relation to this.

People said staff were kind and caring and it was evident from our observations that good relationships had developed within the service. People enjoyed the food they were provided with and told us staff looked after their medicines for them. People said they felt safe and there was evidence that risks to people had been identified. Where people required the input of a healthcare professional this was sought.

People had access to a range of activities both within and outside of Eastlake and they told us they could make decisions around how they spent their time, their care and that staff encouraged independence.

People lived in a clean environment that was suitable for their needs and everyone said they had not had a reason to complain.

Management carried out a range of audits and looked for ways to improve the service. People were included in this in that they could offer up suggestions and staff were also consulted. Staff worked with external agencies and the outside community to increase opportunities for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was rated Good at our last inspection (report published 22 August 2017). We found at this inspection, the service had retained their Good rating.

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Eastlake

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

The inspection was carried out by three inspectors.

Service and service type

Eastlake is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the 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 also reviewed notifications and information we had received about the service since our last inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager. We also spoke with a

visiting health professional.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at four 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

Immediately following our inspection, the registered manager sent us evidence of action taken to address some areas we found at our inspection. This included the Mental Capacity Act assessments, medication records and supervision tracking.

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 now remained the same Good rating. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People said staff helped them with their medicines. One person told us, "They give me my tablets and put (medicinal) cream on my back as I cannot reach that. I know most of what my tablets and what they are for."
- People had medicine administration (MAR) charts which recorded their prescription information, any allergies they suffered from, how they liked to take their tablets and who their GP was. Each person's medicines was stored in their own box with their photograph on in a locked trolley.
- We found no gaps in people's MARs which told us they had received the medicines they required. Where people required 'as needed' (PRN) medicines, they had a protocol in place which gave guidance on how often they could have this and why they may need it.
- We did find in one unit however, some PRN protocols were missing for people. We also found handwritten prescription information was not accompanied by two signatures to confirm the transposing of information was correct. We spoke with the registered manager about this who asked a senior staff member to rectify this immediately. They sent us evidence following our inspection that this had been done.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Eastlake. One person said, "I've just never thought about it. I think it's because there is always someone around." A second person said they felt safe telling us, "Well, it's because I know them (staff)."
- Where concerns had been raised that people may have been at risk of abuse, staff notified the appropriate authorities as well as CQC. The registered manager worked with the local safeguarding team to investigate any potential concerns.
- Staff told us, "I would tell the team leader and then the line manager (about concerns). We should always tell the local authority."

Assessing risk, safety monitoring and management

- Risks to people had been identified and responded to in terms of guidance and information for staff.
- Staff were aware of people's individual risks. A staff member was able to tell us about one person who may lock themselves in their room and what steps they could take to try and avoid this happening. A health professional told us, "With falls we can talk about what's appropriate and what they (staff) have already tried. It all works because we have good dialogue."
- A second person had pressure sores on their heels and professional guidance recommended repositioning the person every two-hours. A turn chart was in place showing regular repositioning was carried out.
- People had individual fire evacuation plans in place in the event of an emergency. The registered manager

told us the fire alarm had been activated recently during the night and they were, "Very proud of how the staff handled it. They knew just what they should do."

Staffing and recruitment

- People told us they did not have to wait for staff to support them. One person told us, "There is always someone around." A second person said, "There are enough staff, they always come in and see me. If I need someone I can press my bell and they come and see me quickly."
- During our inspection, although staff were busy, they were able to give time to people when they needed it. Staff said, on the whole they felt they had enough time to carry out all the required tasks as well as spend time with people. A staff member told us, "I think there are enough, staffing levels are good."
- Staff were recruited through a robust process which meant they provided references, a full employment history, evidence of their right to work in the UK and their fitness to work. Staff also underwent a Disclosure and Barring Services check (DBS) which checked they were suitable to work at this type of service.

Preventing and controlling infection

- People lived in an environment that was clean and did not have any malodours.
- People's living areas and bedrooms were clean and tidy as well as personal shower rooms, communal toilets and bathrooms. Cleaning schedules were in place which we saw had been filled in.
- Staff were seen wearing gloves and using appropriate personal protective equipment whilst carrying out housekeeping duties as well as supporting people, such as serving meals. A staff member said, "We always have access to gloves and aprons. We wear gloves and wash our hands properly as well as using the alcohol gel."

Learning lessons when things go wrong

- Where people had accidents and incidents these were recorded, reviewed by the registered manager and the provider's district manager then collated to look for themes and trends.
- There had been a number of medicines errors in recent weeks due to changes in medicines packaging. As such, a senior staff member had held regular sessions with staff administering medicines to remind them of good practice. The registered manager had also led a discussion at a group supervision.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good rating. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Although there were capacity assessments in place for some people in relation to possible restrictions, we found this was not consistently the case. One person had a lap belt in place when using their wheelchair but there was no capacity assessment or evidence of a best interests discussion to determine whether this was the least restrictive practice.
- Other people had sensor mats in their room to alert staff when they stepped out of bed and where people expressed a wish to leave Eastlake their capacity assessment referred to them going out alone, rather than them living in a locked environment.
- We spoke with the registered manager about this and explained the need for individual, decision-specific capacity assessments for potential restrictions. Immediately following our inspection, they sent us evidence of having completed an audit and the necessary processes to comply with the MCA.

We recommend the registered provider follows the principals of the Mental Capacity Act 2005.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving into the service and this initial information was used to form the basis of their care plan. Care plans were reviewed monthly to ensure their accuracy and relevance to people.
- Staff followed national guidance to help assess a person's requirements, frailties or limitations. These included skin integrity charts and mobility assessments. One person had national guidance around catheter care in their records and this had been used to form their catheter care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to training and on-going supervision.
- New staff went through an induction period when starting at Eastlake which included training such as health and safety, moving and handling, food and nutrition, first aid and safeguarding. A staff member told us, "I was shown around the home, I spent time shadowing for a week and then started to support people on my own."
- Training was constantly reviewed and refreshed for staff and currently there was a 93% compliance with mandatory training within the service. Several staff were taking the Care Certificate which is a nationally recognised sets of standards for people working in this type of service. A staff member said, "I have received the right support from management here to progress where I have needed to."
- The registered manager told us staff would have one to one supervision with their line manager on a six to eight-week basis and a staff member told us, "I have regular supervisions and I am able to voice my opinion." We reviewed the records relating to this and saw that in most instances this was the case. However, we noted some staff had gone a considerably longer time between supervisions. The registered manager said, "I will start using a clearer supervision matrix so that it is clear when supervisions are due." We will check at our next inspection this has been done.

Supporting people to eat and drink enough to maintain a balanced diet

- People were happy with the food and drink they were provided with. One person said, "We get a choice." A second told us, "The food is very good. I get enough to eat." We observed people eating everything on their plates. A relative told us, "She eats really well."
- People had access to drinks and snacks throughout the day. We heard people being offered biscuits with their hot drinks in the morning. A staff member said, "I have some really lovely biscuits here today."
- Where people had specific requirements, we saw staff adhered to these. Such as one person who was lactose intolerant. People who were on a soft or pureed diet were provided with the same meal choices as others.
- People's weight was checked regularly and where people were required to have their fluid intake monitored this was done.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were cared for by staff who worked across disciplines to provide suitable care. This included working with the clinical commissioning group, local pharmacy, GP and community services. One person told us, "On a Tuesday the doctor comes to the home and I get to speak to them about anything I need. Staff are also very good at asking me how I feel."
- There was evidence of people seeing their doctor, the district nurse, audiologist, podiatrist and dentist. Where people may have difficulty with their swallowing, referrals were made to the speech and language therapy team. A professional told us, "They're really good. They have a book of any concerns and people for me to see. We can see a range of issues and talk about each person with the team leaders and care staff. They know everyone so well, I get a good comprehensive view of people's care."
- There was good team work on units. Staff communicated well regarding what they were doing, for example, if they were leaving the area for any reason, and there was a sense of comradery with staff chatting with people between activities. A staff member said, "To be able to give person-centred care I think it's important to have that relationship and all the staff know everyone really well."

Adapting service, design, decoration to meet people's needs

- People lived in an environment that was suitable for their requirements. Each person had their own en-suite facilities and there were communal bathrooms and toilets near the dining and living rooms areas.

- The service was undergoing a refurbishment with fresh paint and new carpets which the registered manager said was long overdue.
- Where people required mobility aids these were provided. These included zimmer frames, walking sticks and wheelchairs. Appropriate seating was available in communal areas and tables and dining room chairs were of a suitable height for ease of access and comfort.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff were kind and caring towards them. One person said, "They (staff) look after me very well." A second told us, "Everyone is really helpful. It is very good here." A third told us, "Staff are really good, they are friendly and have time for me. I am happy in their company."
- People were looked after by staff who knew them well and responded to their individual characteristics. A relative said, "We like mum being here, she is well looked after by staff who are caring." A staff member told us, "I can genuinely say I'm friends with residents here."
- We heard staff asking people if they were okay and if there was anything they needed. One person left a communal area holding a staff member's hand. The member of staff asked where they were going and happily went with the person to their room to see what they wished to get.
- People were cared for by staff who showed empathy and took time with them. One person appeared confused and we heard staff give them lots of reassurance. They asked them to sit next to them on a chair and chatted about the mornings activities, the cat that lived at the service and other general topics. They kept telling the person how lovely it was to have them living in Eastlake. A second person had not wanted to take part in the group activity and a member of staff spent time with them doing what they wished to do.
- Staff were tactile towards people; holding their hands when offered, touching people's arms or their back for reassurance.
- A health professional told us, "I am so impressed with this place. The staff are really nice and really experienced. They are all kind and caring and I see the interactions between them and they're just lovely."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to participate in their care plan and express their wishes on how they would like to be cared for. We heard people being given the opportunity to do this during the day when one person asked to stay in bed all day and another requested to eat their lunch in their room. A staff member told us, "I would try and encourage people to make their own decisions, some people may need some additional support but I will always try and ask them first."
- People were involved in decisions about activities. A staff member told us, "The choir was suggested by residents and has been really popular and the gardening club. They said they wanted it and it's been a huge thing. [Name] wanted her own therapeutic colouring club and she runs it by herself."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged with their independence. One person told us, "Staff do very little for me because I am very independent. I get up and shower myself." A second person said, "They help me with some bits

when I need it, but most of the time I like to do things for myself like getting dressed."

- Staff showed people respected and made sure of their dignity. One person was pulling at their trousers when talking to us and a member of staff immediately spotted this and gently guided them to their room to the toilet. One person told us, "It's very nice to be looked after. I feel at ease with the staff here. They always call me by my name and treat me with respect."
- Staff were discreet when talking to people about whether they wished to use the toilet or not. We observed staff knocking on people's doors before entering. A staff member told us, "I respect them (people). I ask their permission before I help them, knock before I come in. If they're not in the mood, I will come back in five or ten minutes."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained sufficient information to help staff provide responsive care. People's backgrounds and personal histories were recorded to help staff get to know people and their likes and dislikes mentioned to help ensure people's preferences were met. A staff member told us, "Care plans are such now that they're full of information and full of conversation starters." A person told us, "They (staff) talk to me about the support I need."
- Staff were responsive to people's individual needs. Staff purchased an inflatable hair washing collar for one person to enable them to wash the person's hair. Another person could become distressed. A staff member told us, "I always talk to her and tell her what I am going to do, if she becomes upset then I will speak calmly and explain again what I am going to do."
- Where people had specific medical conditions, such as epilepsy, there were guidelines in place which directed staff on what their seizure may look like and action they should take.
- A health professional told us, "Recommendations are followed because we've already discussed and agreed. Everyone looks physically well cared for."
- Daily notes for people were nicely written. They included who people had chatted to, any visitors they had, what they had enjoying doing during the day and any activities they had participated in.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person's first language was not English and although they spoke English well, we observed staff communicating with the person through actions and body language. The registered manager said, "They come and speak to [staff member] as they can converse in the same language."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities took place within the service which people could participate in. These included quizzes, reminiscence, art and craft and baking. People told us there felt there was enough going on. One person said, "I take part in activities, I like to do the exercise classes."
- People could go out and we saw pictures of people on various outings and at garden centres. One person wished to go to an auction centre and this was organised for them and another person wished to hear a brass band and again this was arranged.

- Where people spent time in their rooms, staff engaged with them to avoid social isolation. A staff member told us, "I read to [name] a lot and try to do it in a northern accent where she's from as it makes her smile. She likes to be touched and have some human contact."
- During our inspection there was a chair exercise class, music and dancing and a reminiscence session running. People were engaged, chatting with staff, laughing and singing and as such the atmosphere was good. A staff member said, "We get a lot of help from care staff in providing activities and coming up with ideas. They'll make suggestions for people from something they've said or shown interest in."
- Where people had specific needs or faiths these were recorded and met to create inclusion and equality. One person's faith was very important to them and they attended church most weekends as well as holding a weekly Communion club at the service. A second person had recorded they had a particular characteristic and there was sufficient information in place for staff to know how to respond appropriately to this.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to speak to should they wish to complain. One person told us, "I am happy living here. I have no complaints. All the staff treat me very well." A relative told us, "I would follow the complaints policy."
- We reviewed the complaints that had been received since our last inspection and saw these had been logged and responded to appropriately with apologies given when appropriate.

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 now remained the same Good rating. 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; 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

- Numerous audits were carried out across the service. This included care plan audits, medicines, infection control, hand washing and mattresses. The provider's senior management also completed audits which followed CQCs key lines of enquiry.
- Where actions were identified, we saw these were addressed. We noted however, there was no confirmation that any changes to care plans following an audit had been made. The registered manager told us they would introduce a 'sign-off' sheet which could be filled in when actions were completed. They also said, "We have a 'universal action plan' on our IT system that has all our closed and currently opened actions. This helps home managers and our Anchor support services have oversight of all actions for the home."
- Services registered with CQC are required to notify us of events and safeguarding concerns. We found the registered manager had complied with this requirement in most cases, but identified a small number of incidents which ought to have been notified. The registered manager completed and sent in the notifications immediately.
- We read the registered manager acted on duty of candour when things went wrong. We read they bought flowers for one person as a way of apology.

Continuous learning and improving care

- Since our last inspection, the service had set up a social media page where they posted pictures of activities, outings or other communications they wished to make available to people and their relatives. A relative told us, "The Facebook site is great."
- The registered manager had also established a basic care training course. This was originally completed by longer-standing staff, but rolled out to all new starters. The registered manager told us, "We have discussions on policies, personal care, back care, infection control, nail care, shaving, glasses, hearing aids. There are no basic courses like this anymore to give staff an introduction into the role."
- From February the service was moving to 'Anchor Active'. This meant discontinuing with dedicated activity staff and instead care staff leading activities as part of their core role. This initiative had been rolled out in other of the provider's services. Although staff were engaged with the changes, they raised concerns that unless staff numbers were increased they would not have the time to lead activities as well as complete other tasks. We read the service needed 10 care staff on duty each day to run smoothly and spoke with the registered manager about this as at times there were only nine. The registered manager told us, "I totally

agree with you, we need to ensure we always have three staff on duty on [name] unit for this to work." The registered manager added, "I have been asking staff individually for their skills, hobbies and interests to get an idea of what activities we can organise. I've already done the programme for February." We reviewed the activity programme and saw it contained a wide range of activities. We will check at our next inspection there are sufficient staff employed on every unit to ensure people are socially stimulated as well as having their care needs met in a timely manner.

We recommend the registered provider consistently monitors staffing levels so people receive the care and social stimulation they require.

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

- Staff felt the service was well led and told us they enjoyed working at Eastlake. A staff member told us, "We have really good foundations in place. We're all here for the residents and understand we're in their home so they come first." A second staff member said, "I enjoy talking to them (people) and caring for them." A third told us, "It's a good home. I enjoy working here."
- A relative said, "The manager is very good. She is very easy going." We read in a recent survey a relative had written, 'The manager leads the home well and has employed some exceptional care staff. I would recommend this home to anyone requiring residential care for a loved one'.

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

- People had a voice as a welfare committee had been established consisting of two residents, a volunteer and activities staff. The aim was to raise funds for activities. A staff member told us, "It's their fund, it should be up to them (what it is spent on)."
- Meetings were held with people to talk about how the service was managed. One person told us, "We do have a meeting of the residents once a month. This goes very well. We talk about meals and activities." A resident and relatives meeting had been held to discuss changes to arrangements for activities within the service. Relatives had expressed their concern in relation to the changes and as a result they were invited to be accompanied to another of the provider's services where Anchor Active was up and running to see what they thought.
- Staff told us they felt supported. One staff member said, "They (management) are very good to us. If I need something I would ask them, or if I don't know something I can go to them." A second told us, "I feel supported and listened to."
- Meetings were held across the service to help ensure it was running smoothly. This included catering, housekeeping, team leader and care staff meetings. All aspects of the service were discussed. A staff member said, "You can use your initiative here, day to day things that might need changing. You can go into the office and talk about anything."

Working in partnership with others

- The service worked well with external agencies. We read they had been working with the local GP to reduce medicines waste and the clinical commissioning group had visited the service as part of the project.
- The registered manager attended the local day centre executive committee to strengthen relationships with them.
- People were supported to be involved in their local community. Staff accompanied two people monthly to a church lunch group and a collection of clothes was organised for a local charity. A local dignitary had attended Eastlake as part of the National Care Home day.