

# Eastgate Care Ltd

# Park House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 3 and 4 June 2015 and was unannounced.

Accommodation for up to 68 people is provided in the home over two floors. The service is designed to meet the needs of older people and has a separate unit for people living with dementia.

At the previous inspection on 17 and 18 March 2015, we asked the provider to take action to make improvements to the areas of dignity and respect, safe care and treatment, safeguarding service users from abuse and

improper treatment, premises and equipment, person-centred care, staffing and good governance. A warning notice was served regarding person-centred care, staffing and good governance. The provider had not received a copy of the report from that inspection before we carried out this inspection. As a result, we had not received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in all of these areas, but some further work was needed.

# Summary of findings

There is no registered manager in place. There was a new manager, but she had not yet completed the process to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always safely managed. People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

People's rights were not consistently protected under the Mental Capacity Act 2005. Staff received appropriate induction, training and supervision. People received sufficient to eat and drink and external professionals were involved in people's care as appropriate. Adaptations had been made to the design of the home to support people living with dementia.

Staff were caring and treated people with dignity and respect. There was some evidence of involvement of people in the development or review of their care plans.

People's needs were promptly responded to. Activities were available in the home though more work was required to support people to follow their own interests or hobbies. Care records did not always contain sufficient information to provide personalised care. Complaints were handled appropriately.

There were systems in place to monitor and improve the quality of the service provided; however, these were not fully effective. While systems had improved considerably since our last inspection, the provider had not identified the concern that we found during this inspection. People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the manager would take action.

We found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to the management of medicines. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 consistently safe.

Medicines were not always safely managed.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Requires improvement



### Is the service effective?

The service was not consistently effective.

People's rights were not consistently protected under the Mental Capacity Act 2005.

Staff received appropriate induction, training and supervision. People received sufficient to eat and drink and external professionals were involved in people's care as appropriate. Adaptations had been made to the design of the home to support people living with dementia.

Requires improvement



### Is the service caring?

The service was caring.

Staff were caring and treated people with dignity and respect. There was some evidence of involvement of people in the development or review of their care plans.

Good



### Is the service responsive?

The service was not consistently responsive.

Care records did not always contain sufficient information to provide personalised care.

People's needs were promptly responded to. Activities were available in the home though more work was required to support people to follow their own interests or hobbies. Complaints were handled appropriately.

Requires improvement



### Is the service well-led?

The service was not consistently well-led.

There were systems in place to monitor and improve the quality of the service provided; however, these were not fully effective. While systems had improved considerably since our last inspection, the provider had not identified the concern that we found during this inspection.

Requires improvement



# Summary of findings

People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the manager would take action.

# Park House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 June 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist nursing advisor with experience of dementia care and a specialist nursing advisor with experience of tissue viability care.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service to obtain their views about the care provided in the home.

During the inspection we spoke with 10 people who used the service, four visitors, the maintenance person, a domestic staff member, six care staff, two nurses, the manager and other representatives of the provider. We looked at the relevant parts of the care records of ten people, the recruitment records of three care staff and other records relating to the management of the home.

We 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.

# Is the service safe?

## Our findings

When we inspected the home in March 2015 we found concerns in the area of medicines which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we still had concerns in this area.

People told us they received medicines when they needed them. One person said, "I get them on time." We observed medicines were given to people safely. Staff were patient and stayed with each person while they took their medicines, to ensure they had been taken. Medicines were stored securely and temperature checks of the medicines room and refrigerator had been recorded daily and were within acceptable limits. Medicines stored in the fridge were labelled with a date of opening.

However, medicines were not always safely managed. We looked at the Medicines Administration Records (MAR) for people using the service and saw they were not always fully completed. Where medication errors had been made they had not always been identified or reported to management and incident forms had not been completed. Protocols for medicines prescribed for use as required (PRN) were not always in place to give staff information about the purpose of medicines and the circumstances in which they should be administered. Staff were also not always recording the position that they had applied medicine patches to people and people's preferences for how they wanted to take medicines were not always recorded. Documentation for recording when staff had applied creams was not fully completed.

These omissions meant the provider was still in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we inspected the home in March 2015 we found concerns in the area of safeguarding. At this inspection we found that improvements had been made in this area.

People told us they felt safe at the home and they knew who to speak with if they had a concern. A relative said, "I've always thought [my relative] was safe."

Staff were able to describe the signs of potential abuse and they said if they identified a cause for concern they would report it to the nurse or manager. They were confident it would be addressed but they would escalate their

concerns to the provider if necessary. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed on the main noticeboard of the home to give guidance to people and their relatives if they had concerns about their safety.

When we inspected the home in March 2015 we found concerns in the area of safety and suitability of premises. At this inspection we found that improvements had been made in this area.

A person told us that they had the equipment they needed to help them to be independent. A relative told us that the equipment and premises were safe. Appropriate checks of the equipment and premises were taking place.

When we inspected the home in March 2015 we found concerns in the area of staffing. At this inspection we found that improvements had been made in this area.

Most people told us that there were enough staff. A person said, "You have to wait your turn." However they also said, "It seems to have got better. They come quickly when I ring the buzzer." A relative told us there were enough staff. Staff told us that staffing levels had been improved and almost all staff felt that there were now sufficient staff on duty to keep people safe and meet their needs.

We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. A staffing tool was being used to assess the staffing requirements and staffing levels were being set in line with the tool. We looked at completed timesheets which confirmed that the provider's identified staffing levels were being met. Staffing levels had been improved on the dementia unit and a nurse had been specifically allocated to the unit. The manager told us that specific staff had been identified to work on the unit based on their skills and knowledge. They told us that changes to staff working on the unit were minimised to ensure staff had a good knowledge of the people they were supporting and people who used the service knew the staff who were supporting them. They told us that incidents and accidents had dropped dramatically as a result.

When we inspected the home in March 2015 we found concerns in the area of the prevention and control of infection. At this inspection we found that improvements had been made in this area.

## Is the service safe?

People told us that the home was clean. We observed that the home was clean and staff followed safe infection control practices when providing care.

Incident and accident forms were not always fully completed. Actions taken to prevent the re-occurrence of incidents and accidents were not always well documented on the forms, however, analysis of forms was now taking place and actions were documented where a pattern of incidents or accidents had been identified.

Most people had risk assessments in their care record for risks such as falls, moving and handling, pressure ulcers, nutrition and where necessary the use of bed rails. These had been regularly reviewed. However we saw that one person had no nutrition risk assessment and another person's pressure ulcer risk assessment had not been completed correctly. This meant that there was a greater risk that risks in these areas would not be properly identified and managed for these people.

Staff used moving and handling equipment where necessary and provided support and encouragement to people. We saw people being safely supported to move.

We saw there were plans in place for emergency situations such as an outbreak of fire. A business continuity plan was in place in the event of emergency. We saw that a personal emergency evacuation plan (PEEP) was in place for people using the service.

Safe recruitment and selection processes were followed. We looked at three recruitment files for staff recently employed by the service. The files contained all relevant information and appropriate checks had been carried out before a staff member started work.

# Is the service effective?

## Our findings

When we inspected the home in March 2015 we found concerns in the area of eating and drinking. At this inspection we found that some improvements had been made in this area but some further work was required.

We asked people's views of the meals. Six people liked the food, two people did not. One person said, "The food is excellent." Another person said, "Perfect." However, another person said, "The dinners are horrible." A relative said, "The food doesn't look very nice to me but I've not actually tasted it." People told us that they were given enough to eat and drink. Three people told us that they didn't have any choice regarding food. However, five people told us that they were offered choices.

We saw that people were supported to eat and drink enough. People were offered choices and staff were also aware of people's food and drink likes and dislikes and provided food and drink in line with those preferences. Staff assisted people to eat appropriately by sitting at the same level and offering encouragement. We saw that the manager had discussed a person's cultural requirements around food with relatives and the person who used the service.

People's nutrition and hydration risks were not always effectively managed. People were weighed regularly in line with advice and we saw that guidance was in place and being followed by staff for a person who was at risk of choking. However, food and fluid charts were not always well completed with some gaps and fluid intake was not always totalled. This meant that there was a greater risk that staff would not quickly identify when a person was not receiving sufficient to drink. We also saw that staff had not fully followed guidance for a person receiving nutrition through a Percutaneous Endoscopic Gastroscopy (PEG) feed. This meant that there was a greater risk that the person had not received sufficient nutrition.

When we inspected the home in March 2015 we found concerns in the area of safety and suitability of premises. At this inspection we found that improvements had been made in this area.

We saw that adaptations had been made to the design of the home to support people living with dementia. A secure garden area was now in place and used throughout our inspection by people living in the dementia unit.

Bathrooms, toilets and bedrooms were clearly identified and there was directional signage to support people to move around the dementia unit independently. Other parts of the home had some adaptations to support people living with dementia but the manager confirmed that further improvements would be made.

People told us that they were given choices. A person said, "You can walk about and do what you want." Another person said, "They respect my wishes all right." We observed staff explaining to people what they were going to do and checking it was okay before they provided care. We saw consent forms had been completed by people for the use of bedrails; however we also saw that a bedrail consent form had not been signed for one person with bedrails in place.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager told us that there were a number of people with a DoLS in place or were waiting for a DoLS application to be processed by the local authority. We saw that staff were acting in accordance with DoLS documentation.

Most staff had attended MCA and DoLS training but not all staff had a good understanding of MCA and DoLS. Mental capacity assessments and best interests' documentation were not always in place where appropriate. Assessments were in place for a number of people for a number of decisions, however, not for two people who may have lacked capacity. This meant that there was a greater risk that people's rights had not been protected.

We observed how staff responded to people with behaviours that may challenge others. We saw staff responding appropriately to people who were displaying behaviours that may challenge others. Care records did not always contain sufficient guidance for staff in supporting people with their behaviours that may challenge others; however staff told us they had attended training in this area and clearly explained how they would support those people.



## Is the service effective?

People told us they saw external professionals when they need to. There was evidence of the involvement of external professionals in the care and treatment of people using the service. However, we saw that there had been delay in requesting advice in relation to a person with potential mental health and capacity issues.

We looked at how people's health needs were met. We looked at the care for a person with a catheter. Appropriate guidance was in place and being followed by staff so that the person received effective catheter care. We looked at the care records for people at risk of skin damage. People's skin condition was improving as a result of care provided by staff; however, documentation was not always fully completed to show that people were being supported to change their position in line with their care plan. We also saw that another person's care plan stated that they should be supported to stand at least every two hours when sitting on a chair. Staff were not aware of this. This meant that there was a greater risk that people were not receiving effective care to minimise the risk of skin damage.

People told us they felt staff understood their needs and provided the help and support they required. One person

said, "The staff are good." Another person said, "They are fantastic." Relatives told us that staff knew what they were doing. We observed that staff were confident and competently supported people.

Staff told us they received an induction. Almost all staff told us that they received sufficient training and regular supervision. Most staff told us they had not received a recent appraisal but they felt well supported.

Training records showed that staff attended a range of training and most staff were up to date. Plans were in place to ensure all staff were up to date. Training attended included equality and diversity training. A supervision matrix showed that staff had received a recent supervision and were scheduled to receive supervision every three months. We saw that supervisions were supportive and developmental for staff. No appraisals had taken place and the manager told us that she wanted to get to know staff for a period of time before carrying out appraisals. The manager also told us that staff were being supported to obtain diplomas in Health and Social Care. Staff confirmed this.

# Is the service caring?

## Our findings

When we inspected the home in March 2015 we found concerns in the area of privacy and dignity. At this inspection we found that improvements had been made in this area.

People told us they were treated with dignity and respect. A relative told us that their family member was treated with dignity and respect. We saw staff knocking on people's doors before entering and taking steps to preserve people's dignity and privacy when providing care. Changes had been made to the dementia unit so that people's privacy was better protected.

Staff were able to explain how they maintained people's privacy and dignity at all times and took particular care when providing personal care. The home had a number of lounges and rooms where people could have privacy if they wanted it. The manager told us that they would be identifying dignity champions from amongst the staff. A dignity champion is a person who promotes the importance of people being treated with dignity at all times. Staff had attended privacy and dignity training.

A person told us they were supported to be independent. Adapted plates and cups were used to support people's independence at mealtimes.

People told us that they could have visitors whenever they wanted. A relative told us they could visit whenever they

wanted. We observed visitors in the home throughout our inspection. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

We saw some involvement of people in the development or review of their care plans. People's preferences were noted in most care records, but people's life histories were not completed in all records. Most care plans were not signed by people to show they had been involved in the development of those care plans.

Care plans were in place which identified people's ability to communicate and sensory deficits and the action to be taken to reduce the impact of these. We saw that information regarding advocacy services was displayed in the home for people if they required support or advice from an independent person.

A guide for people who used the service on the services available to them was being updated so was not currently available. The manager told us that the guide would be sent to people within the next two weeks.

People told us that staff were caring. One person said, "They are kind. I like the staff." Another person said, "Very much caring. They look after you well." Relatives told us that staff were kind and caring.

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff responded to people's distress promptly and appropriately. Staff knew people well including their preferences. Staff spoke with people clearly and listened to them.

# Is the service responsive?

## Our findings

When we inspected the home in March 2015 we found concerns in the areas of responsiveness to people's needs and activities. At this inspection we found that improvements had been made in this area but more improvements were required.

We observed staff responded quickly to people's needs during our inspection. A person asked for a drink and it was immediately brought to them. One person had been asleep and was in the lounge after lunch. Staff recognised this and asked the person whether they wanted any lunch and supported the person to the dining room. We observed that call bells were responded to quickly.

Most people said that there were enough activities. One person told us that the manager had brought in wool for them as they liked knitting. We saw the person knitting during our inspection. Another person said, "There's plenty for me to do." People told us that outside entertainers visited the home regularly. However, one person said, "They need more activities. They don't give you any activities at all." A relative said, "Not enough activities. It looks quite boring." Another relative told us that the home needed more activities and that the entertainment has deteriorated. Staff felt more activities needed.

We saw group and individual activities taking place during the inspection. The manager told us they would be recruiting additional staff to provide more activities for people in communal areas but also to provide 1:1 support with activities for people who spent most of the time in their bedrooms.

A person said, "Staff know me well." Two people told us that staff had talked to them about their likes and dislikes, two people told us that staff had not. A relative told us that staff knew their family member well.

Information in care records was inconsistent. The home was in the process of moving to a new care record format. We saw a new care record and it was well organised and contained detailed information regarding the person's life history and preferences. Care plans were mostly in place and contained detailed guidance on how staff could meet people's individual needs. However, care records in the old format were not well organised and did not always contain detailed information regarding the person's life history and preferences. One person did not have a care plan in place to provide guidance for staff regarding their health condition. Another person did not have a care plan in place to provide guidance for staff regarding their risk of falls. Care records did not always contain appropriate language.

People told us they knew how to make a complaint. One person said, "Yes I would talk to the manager." Relatives told us they knew how to make a complaint and would be comfortable doing so.

The complaints procedure was displayed on the main noticeboard. There was a clear procedure for staff to follow should a concern be raised. We saw that recent complaints had been appropriately handled by the manager. Staff knew what to do if a person had a complaint to ensure it was addressed and escalated appropriately.

# Is the service well-led?

## Our findings

When we inspected the home in March 2015 we found concerns in the area of assessing and monitoring the quality of the service provided. At this inspection we found that some improvements had been made in this area but some further work was required.

Monthly audits were completed by the manager which included medication, infection control and health and safety. We saw that the manager also carried out daily checks of the home which included the premises, records and observations of care. We saw that accidents and incidents were recorded and the manager had analysed them and recorded actions taken in response.

Audits were also carried out by representatives of the provider not directly working at the home. Since our last inspection in March 2015 there had been four visits carried out by the provider's representative. We saw that a service improvement plan had been put in place which contained all the actions identified from audits and from inspections carried out by outside bodies. The plan identified people responsible for improvements and timescales for the actions to be completed by. The manager had signed off actions as they were completed.

Actions had been taken to respond to concerns raised at our previous inspection, however, we identified a breach of regulation in the area of medicines during this inspection which had not been identified or addressed following audits carried out by the provider.

Two people told us there were no meetings of people who use the service to discuss the quality of the service. However, one person said, "We have meetings." A relatives meeting had taken place in April 2015 and a person who used the service had also attended this meeting. The manager told us that separate meetings for people who used the service would be set up.

Two people told us that they hadn't completed any feedback questionnaires. A relative told us they had completed a feedback questionnaire. We saw recent

completed questionnaires from people who used the service regarding food and a schedule had been set up to ensure the manager obtained feedback from people who used the service, visitors and outside professionals throughout the year.

The manager told us that people had not been consulted regarding menus in the past. She told us that a recent survey had been carried out to gather people's views and people had been asked their views at meeting for relatives and people who used the service. As a result of this feedback a new menu would be implemented in June. A comments box was available in the reception area.

We saw that the provider's set of values were displayed in the home and staff were able to explain how they provided care in line with those values. A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues.

People told us that the manager was approachable and listened to them. One person said, "I get on well with her." Another person said, "She's very nice. Best we've ever had. I hope we keep her." Relatives told us the home is well-led and they said that the manager was visible and approachable. Most staff felt that the manager was approachable and said, "She has made a significant difference to the home." Another staff member said, "[The manager] is fair and supportive. She's really good if you need help with anything. She's more than willing to help."

There is no registered manager in place. There was a new manager, but she had not yet completed the process to register with CQC. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that a staff meeting had taken place in May 2015 and the manager had clearly set out her expectations of staff. The manager felt fully supported by the provider and their representatives and resources were made available to her to make improvements in the home. She also explained to us how she identified and implemented best practice in the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person must ensure the proper and safe management of medicines.