Mr. Dennis Jarvis

Eastview Residential Home

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

Eastview Residential Home provides care for up to 14 older people. Some people using the service were living with dementia. At the time of this unannounced inspection of 18 December 2018, there were 13 people who used the service. This service was registered on 2 December 2010.
At our last inspection on 29 December 2017, we found five breaches of Regulation of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014. Improvements were needed with consent to care and treatment, how risks to people were monitored and managed, how people's nutrition was managed and how the quality of the service was monitored by the provider. Improvements were also required to ensure safe recruitment procedures were followed and people's care records were detailed and reflected how to meet their needs. We rated the service overall requires improvement. The key questions safe, effective, responsive and well-led were rated requires improvement. The key question caring was rated good.

At this inspection we found that improvements had been made and were ongoing. The provider was no longer in breach of any regulations. We were encouraged by the progress made by the management team to turn the service around and the overall rating has changed from requires improvement to good.

A registered manager was in post. 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.

Eastview Residential Home 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.

Eastview Residential Home provided a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse, falls and with their medicines. Staff understood their roles and responsibilities in keeping people safe. They were trained and supported to meet people's needs. Staff were available when people needed assistance and had been recruited safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely, following best practice guidelines.

People were cared for in a compassionate way by staff who understood their care needs. People were complimentary about the care they received and the approach of the management team and staff. Staff had developed good relationships with people. Staff consistently protected people's privacy and dignity and promoted their independence.

People and their relatives where appropriate were involved in the planning of their care and people's care records reflected their personal preferences. The care records were reviewed regularly and updated when

people's care needs changed.

People enjoyed a positive meal time experience and were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services. Input from other professionals was sought where concerns were identified about a person's health or wellbeing needs. Information about people's healthcare needs was shared appropriately with other professionals to ensure continuity of care.

The registered manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to pursue their hobbies and participate in activities that they chose. People knew how to complain and share their experiences. Their feedback was valued, acted on and used to improve the quality of the service.

There was visible leadership in the service. Improvements had been made and were ongoing to the systems for monitoring the quality and safety of the service provided. The registered manager had worked closely with social care professionals to implement person-centred care plans and an audit system. Recording, auditing and documentation in these areas had improved.

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.

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

There were sufficient numbers of staff who had been recruited safely to meet people's needs.

People received their medicines in a safe and timely manner.

Staff had received training in infection control and food hygiene and understood their responsibilities relating to these areas.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who were attentive to their needs.

People and their relatives, where appropriate, were involved in making decisions about their care and these choices were

respected.

Staff promoted people's independence and cared for them in a way that maintained their dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People's care records were person centred, regularly reviewed and amended to meet changing needs.

People were encouraged and supported to pursue their hobbies and to participate in activities of their choice.

People's concerns were responded to appropriately and in a timely way.

People's preferences about their end of life care were documented.

Is the service well-led?

Good

The service was well-led.

Improvements had been made and were ongoing to the systems and procedures to monitor and improve the quality and safety of the service provided.

The registered manager and provider were approachable and had a visible presence in the service.

Staff were encouraged to professionally develop and understood their roles and responsibilities.

The service worked in partnership with other agencies.

Eastview Residential Home

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.

This inspection took place on 18 December 2018 and was unannounced. The inspection was carried out by one inspector.

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 improvements they plan to make.

We reviewed information we had received about Eastview Residential House such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority, commissioners and members of the public.

We met and spoke with nine people who lived in the home. We observed the interactions between staff and people. We spoke with the management team which included the registered manager, head of care and the provider. We spoke with three members of staff and a visiting health care professional. We received electronic feedback from two health care professionals regularly involved with the service.

To help us assess how people's care needs were being met, we reviewed four people's care records. We also looked at records relating to the management of the home, recruitment, staffing levels and systems for monitoring the quality of the home. Information we requested to be sent following our visit to the service was received on time.

Good

Is the service safe?

Our findings

During our last inspection in December 2017, we found that the service was not always safe for people and it was therefore rated 'requires improvement' in this area. We found a breach of Regulation 19: Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Robust recruitment procedures were not in place as appropriate checks had not been undertaken when recruiting staff into the service. We also found a breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, due to concerns with how risks to people were managed and monitored.

During this inspection we found that previous shortfalls with recruitment and management of risk to people had been addressed and the rating was good at the time of the inspection.

Systems were in place to check that staff were of good character and were suitable to care for the people who used the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this. Gaps in an applicant's employment history had been explored during the interview process. We saw that appropriate checks had been carried out, which included Disclosure and Barring Service Checks (DBS). A DBS check verifies whether applicants have any criminal records and whether they are barred from working with vulnerable people.

Risks to individuals were well managed. People had up to date risk assessments to guide staff in providing safe care and support. This included nationally recognised tools for assessing any nutritional risks or risks associated with pressure damage to the skin. People who were vulnerable because of specific medical conditions such as diabetes, types of cancer and dementia had clear plans in place. This guided staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were cared for safely.

We saw that people were safe in the home and comfortable with the staff who supported them. Staff assisted people, where required, to maintain their safety. This included helping them to mobilise safely, using appropriate equipment and ensuring they had access to their walking frames to reduce the risks of falls.

All known environmental risks had an associated risk assessment in place which guided staff about how to mitigate risks within the service. Equipment, including hoists, portable electrical appliances and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. People who used the service had a personal emergency evacuation plan in place. This plan detailed the support that each person would require to safely evacuate the building in the event of a fire.

People told us that there were sufficient numbers of staff to meet their needs. One person said, "Always staff

about the place. [Registered manager] is also here as well." Our observations showed people were supported by sufficient numbers of staff. People's requests for assistance were responded to in timely manner. Staff told us that they had time to meet people's needs and to spend quality time with them. A member of staff said, "We don't rush people, we go at their pace. There is enough staff on each shift to manage plus [management team] will help out at busy times like lunch or with the medication round if needed."

The registered manager calculated the number of staff required based on people's individual needs. They told us that this was reviewed regularly to cover any unplanned staff absence such as sickness. Records showed that shifts were covered by an established staff team with no use of agency staff which ensured continuity of care for people. The registered manager shared with us examples of how they had increased the levels of staff to support people when needed, for example to attend healthcare appointments and accessing the community. Conversations with staff, information received from health and social care professionals plus records seen confirmed this. This showed that measures were in place to ensure that there were sufficient staff consistently available to meet people's assessed needs.

Medicines were safely managed. One person told us that the staff, "Tell me what my pills are for and when I need to take them. I can never remember; too many to keep track." Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept. We observed a member of staff administering medicines appropriately and they told us they were confident that people received medicines as they were intended. People's preferences about how they liked to take their medicines were documented. For example, some people liked to take their medicines in the privacy of their bedroom.

People told us that they felt that the service was clean and hygienic. One person said, "It is kept nice and tidy and always smells fresh." Feedback from a healthcare professional who regularly visited the service stated, "The home is clean, warm and homely." People were protected from infection by good control and preventive measures. Staff had received the training they required and knew what they should be doing and who to inform if there was a notifiable outbreak of any description. There were systems in place to reduce the risks of cross contamination.

Incidents had been recognised with action taken to make improvements. Staff we spoke with demonstrated an understanding of accident and incident reporting procedures. The registered manager was open and transparent in communication. Although no recent concerns had been reported, the registered manager said if any occurred they would review the actions they had taken to improve the quality and safety of the service provided to reduce the likelihood of them happening again.

Good

Is the service effective?

Our findings

During our last inspection in December 2017, we found that the service was not consistently effective and it was therefore rated 'requires improvement' in this area. We found a breach of Regulation 11: Consent to Care and Treatment of the Health and Social Care Act 2008
(Regulated Activities) Regulations 2014. During this inspection we found that previous shortfalls with the service not acting in accordance with the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had been addressed and the rating was good at the time of the inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Improvements had been made to people's care records and identified people's capacity to consent to their care and treatment. Where required there was guidance to staff on how to support people to make decisions based on their individual needs. Staff and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that staff had received training in the MCA. Guidance on best interest decisions in line with the MCA was available in the office. We saw that best interest decisions were carried out with relevant people and DoLS were applied for when deemed necessary.

People told us and our observations confirmed that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals or medicines, and if they wanted to participate in activities. One staff member commented, "You must check and ask people first, what they want you to do." Where possible, people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service.

People told us the staff were competent and knew how to meet their needs. One person said, "The staff are well trained and certainly know how to look after me."

Conversations with staff and records showed that staff were provided with the provider's mandatory training to effectively meet people's requirements and preferences, including regular updates. Training was linked to the specific needs of people. For example, diabetes, dementia, epilepsy, oral hygiene, Parkinson's and pressure care. Systems were in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. Lunchtime in the dining room was a relaxed and sociable occasion. We saw good interaction from staff, they were attentive and supported people who needed help. People told us they enjoyed their meals and said they always had enough to eat and drink. People also said they were involved in discussions and decisions regarding the menu options and could choose what they wanted. If people did not want one of the main menu options, they were able to choose something completely different. One person told us, "The food is good, you can have what you want, plenty of choice." Another person said, "I have pretty much the same meals most days as that's what I want and enjoy. Doesn't matter that it is not on the menu. They [kitchen staff] will oblige and know exactly how I like my meals cooked."

People were supported to maintain good health. They had regular access to relevant healthcare professionals and records were maintained regarding who had visited and any action taken. For example, one person told us that the district nurse visited them regularly to apply a dressing. Another person said, "I see the doctor when I need to and the chiropodist comes to see me here as well."

The registered manager and staff continued to have a good working relationship with external health professionals. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. We received electronic feedback from a health care professional involved with the service. They stated, "The staff are always polite, knowledgeable and caring."

The environment was homely with an accessible layout that met people's needs. The premises were generally in good repair, with a choice of spaces to spend time with others or to have private time alone if desired by people. Some people had good signage and indicators for their personal rooms, but others did not as was their choice. People could bring their own possessions and furniture to make their rooms personalised and comfortable.

Good

Is the service caring?

Our findings

At our last inspection in December 2017, the key question caring was rated as good. At this inspection, we found people remained happy living at the home, they continued to be complimentary of the staff and management team and felt well cared for. The rating continued to be good.

People told us the staff treated them with kindness. One person said the, "Staff are lovely, look after me well and chat to me all the time." Another person told us, "The staff are friendly and caring. I feel safe and happy here, more than satisfied." Another person told us, "I don't mind it here. They [staff and management] are decent people. We have a good laugh. They look after me and make sure I have everything I need. I want for nothing."

Feedback from healthcare professionals involved with the service was complimentary. One stated, "I am continually very impressed with the high standard of care they offer their residents." Another professional commented that the staff, "Have a good understanding of their residents, and show compassion and excellent care. I have seen residents blossom and find new purpose within this environment and have been happy to recommend it on numerous occasions."

People were relaxed in the presence of staff and the management team. We saw members of staff checking on people's wellbeing, asking if they wanted a drink or a snack and when one person during the lunch time meal said they were cold, a member of staff went and got their jumper for them.

Staff knew people well including their preferences for care and their personal histories. Staff were caring and respectful in their interactions and we saw people laughing and smiling with them. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. This contributed to the positive atmosphere in the service and wellbeing of people.

People told us they were involved in planning the care and support they received and could make choices and decisions which the staff respected. People were encouraged to express their views and opinions. We observed throughout our inspection that people expressed their wants and needs. Within people's care plans we saw that they had been involved in their development. One person said, "I've told them I am not one for mixing with others I like the peace and quiet. I enjoy solitude and my privacy. I made sure the staff wrote that in my records."

People's independence was encouraged and respected. Staff shared examples of how they promoted dignity and independence when caring for people. For example, supporting people to undertake tasks that they could manage themselves and offering assistance only when it was required. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted.

People were cared for in a way that upheld their dignity and maintained their privacy. We saw that staff

knocked on bedroom doors before entering. They ensured bedroom and bathrooms doors were closed when supporting people. When staff were talking with people about their personal care needs, such as if they wanted to use the toilet, this was done discreetly so could not be overheard by others.

Good

Is the service responsive?

Our findings

During our last inspection in December 2017, we found that the service was not always responsive to people's needs and it was therefore rated 'requires improvement' in this area. We found a breach of Regulation 9: Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that previous shortfalls with people's care records and activity provision had been addressed and the rating was good at the time of the inspection.

Improvements had been made to people's care records. Care plans were detailed and were kept under regular review. They were kept secure. The service had worked with the Local Authority in developing people's care plans to make them more individualised and person centred. Where they were able, people had contributed to the planning of their own care.

People's care records provided guidance to staff on their preferences regarding how their care was delivered. This included information about their hobbies, life history and the people that were important to them. The records covered all aspects of an individual's health, personal care needs and risks to their health and safety. There were instructions of where the person needed assistance and when to encourage their independence. There were also prompts for the staff to promote and respect people's dignity. This information enabled staff, especially newly employed staff to get to know people quickly and to care for them in line with their wishes.

Where people needed support with behaviours that may be challenging to others, their care records guided staff in the triggers to these behaviours and to the level of support they required to minimise the risk of their distress to themselves and others. This included prompts for staff to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them.

We sampled some daily record entries for people and found they were task led and did not consistently reflect language that was enabling to people. The registered manager advised us that as part of continual development of the service, they were working on ensuring people's daily records consistently reflected people's experiences, mood and well- being and used language that valued people. This included specific training for staff on documentation and record keeping.

Staff were observed to be responsive to people's needs. For example, when one person started coughing, a member of staff quickly went over to them to check they were well and offered them a tissue. During the lunch time meal another member of staff went to get a jumper for a person who had said they were feeling cold.

Staff supported people to pursue their interests and hobbies and to engage in meaningful activities. There were photographs displayed around the home of people taking part in activities together. This included arts and crafts, quizzes, knitting, gardening and external trips in the community.

Following feedback from people in the home who enjoyed knitting, the registered manager had set up

weekly knitting sessions. These were known as 'knit and natter afternoons' and included a person from a nearby care home who liked to knit visiting the home, as where they lived no one enjoyed this past time. Friendships had formed and resulted in people from Eastview Residential Home visiting the person in their care home to 'knit and natter'.

Daily activities were in place for those that wished to participate. This included visiting entertainers, board games, bingo and themed quizzes. As well as information displayed in the home about the activities on offer, a member of staff produced a regular newsletter which contained the daily activities for the upcoming months and planned trips/events. It also included a form for people to complete if they had suggestions of things they would like to do and to give feedback on existing activities. One person said, "I haven't yet filled the form in, am thinking of what else I would like to do." Forms that had been completed showed postive feedback for a recent theatre trip and curry night and that people would like to do that again. The registered manager advised that this was being considered. This showed us that people's feedback was encouraged and valued.

During the inspection we saw nine people and a member of staff enjoying a card game of pairs. People were encouraged to take part although some chose to sit and watch. This group activity involved large playing cards placed on the floor with people trying to match them. The game was competitive and people were seen to be laughing and joking with the staff member involved.

Staff and the registered manager were often seen chatting and reminiscing with people about the past or talking to people about things they were interested in. For one person living with dementia they talked about historical subjects, the registered manager went to that time and joined in with them. This was good practice in dementia care.

People's wish to not participate in group activities was also respected with one person telling us, "I stay in my bedroom a lot, which is my wish. I don't want to socialise and am really not interested in what's going on. I have my routine and enjoy my solitude. I talk to the staff and my family visit me regularly. This suits me." Another person commented, "I often prefer my own company and they [staff] know this and don't push me. Sometimes I will join in sometimes I don't."

People's views were actively encouraged through regular meetings with their key worker, care reviews and annual questionnaires. Where appropriate independent advocates were involved in the process to promote the voice of the person who used the service. A complaints policy was in place. There had been no formal complaints received. The registered manager advised they were developing their process for capturing informal comments and concerns.

No one at the time of our visit was receiving palliative care. However, care records showed us that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Staff could tell us how they would ensure that a person had a comfortable and pain free death. The registered manager advised us that staff were provided with end of life training which included advance care planning (ACP). ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

Good

Is the service well-led?

Our findings

During our last inspection in December 2017, we found that the service was not consistently well-led and it was therefore rated 'requires improvement' in this area. We found a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made and were ongoing to the systems and procedures used to monitor and improve the quality and safety of the service provided. The rating was good in this area at the time of the inspection.

The registered manager was active and visible in the service. They were supported by the deputy manager, head of care and the provider. The management team had worked closely with the local authority to implement an action plan for developing the service following our last inspection. We saw that improvements had been made and were ongoing to people's care records and the systems and procedures used to monitor and improve the quality and safety of the service provided. Regular checks were carried out with incidents, accidents, complaints, falls and people's medicines monitored and analysed. This supported the management team to take appropriate action to reduce further reoccurrence.

A new quality assurance tool for reporting, collating and analysing audits and feedback was being developed to provide the management team with the governance and oversight needed to identify any shortfalls and to act to address them. This needs to be fully embedded to ensure the service continues to develop and can independently identify shortfalls within the service.

People told us the management team were available and approachable. One person said, "I see the owner here all the time. He is always popping in and seeing how we are and if we need anything. He will take us into town if we want to go, not a problem. It is a lovely home, everyone cares about everyone. The staff and management all get on." Another person commented, "[Registered manager] is here most days so never a problem to speak to her if you have a problem. She is lovely so kind. Cares about us all and can't do enough for you."

People and where appropriate their representatives were regularly asked for their views about their experience of using the service. This included opportunities through regular care review meetings, 'resident meetings' and quality satisfaction questionnaires where people could share their experiences about the service they were provided with, anonymously if they chose to. We saw that people's feedback was positive had been acted on for example suggestions had shaped the current menu and activities provided.

There was an open and inclusive culture within the service. Staff turnover was low and morale was good. The management team and staff were clear on their roles and responsibilities. Staff said they felt supported and there was effective leadership in the service. One member of staff said, "I love working here. The residents make it so enjoyable, they are such characters. The team are so supportive from the managers to everyone I work with. It is a place where no question is silly and you feel able to ask and that helps you to learn. I have grown in confidence since working here. [Registered manager] respects her team and is hands on and supportive."

Staff told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They described how their feedback was encouraged and acted on for example, in team meetings, supervisions and in daily handovers. A member of staff shared with us, "We have plenty of opportunity to talk about what's going on and what needs following up. Communication is really good we talk all the time and management are on hand if you need them."

Staff meeting minutes showed that they were encouraged to share their suggestions about improving the service. They were kept updated with the ongoing developments in the service. Staff told us they were committed to the improvements being made and to providing a safe quality care to people. One member of staff said, "We have worked so hard to address the previous short comings from the last inspection."

Where relevant the management team submitted appropriate notifications to inform us of any issues. The service worked in partnerships with various organisations including the local authority, hospital, community nurses and GP surgeries to ensure they were following correct practice and providing a quality service. One community professional commented favourably about the positive working relationship they had with the service. They told us, "[Registered manager] and her team make appropriate referrals, listen and act on any advice given. "Another professional commented, "I have always found the carers and management to be very welcoming, informative and friendly."

The service was a visible presence within the local community and in 2018 was awarded 'local employer of the year by the mayor. This was in recognition of the support given to staff as they work towards achieving qualifications in care. In addition, an employee of the service won 'apprentice of the year' for their hard work.