

# County Healthcare Limited

# Eastlands Care Home

## Inspection report

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Date of inspection visit: 18 February 2015

Date of publication: 27/03/2015

### 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



### Overall summary

This inspection took place on 18 February 2015 and was unannounced.

Eastlands Care Home is a residential care home that provides accommodation, care and support for up to 35 older people, some of who are living with dementia. At the time of the inspection, there were 29 people living at Eastlands Care Home.

There was a registered manager in place. 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 and associated Regulations about how the service is run.

People were complimentary about the way they were treated and cared for by staff. Their needs were met and they felt safe living at the home. The staff were respectful

# Summary of findings

and used a friendly and attentive approach when talking with and assisting people. People felt they could speak to the provider and staff if they were worried about anything.

Staffing levels had been increased and staff had completed training that was appropriate to their role. They knew how to make sure that people were safe and protected from abuse and had opportunities to develop the skills and knowledge they needed to provide support to the people living at the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to all care services. Policies and procedures were in place and staff had completed this training. People had been assessed in respect of their capacity to make decisions for themselves about their care. The manager had liaised with the supervisory body about making applications when people were at risk of having their liberty restricted or deprived.

People were consulted and involved in regular discussions about the care and support they required

and received. Staff knew the care and support needs of each person and they encouraged people to maintain their independence. People had access to healthcare professionals when they became unwell or required specialist medical attention.

Medicines were available for people to take when they needed them, had been accurately recorded when administered and were stored securely.

Concerns were listened to and were dealt with and resolved as quickly as possible. People had been given the opportunity to raise their concerns and influence how the service was run. Suggestions for improvements to the service were listened to, by the manager, and acted upon, when possible.

Regular checks were made of the way staff worked, the records held and the maintenance of the premises. This made sure that the home was well run and people received the care and support they needed.

# 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 safe.

People felt safe living at the service.

Staff were available when people needed them because staffing levels had been increased.

People received their medication at the correct time and it was administered, recorded and stored safely.

Good



### Is the service effective?

The service was effective

Staff were trained and knew how to provide care and support for the people in their care.

People were encouraged and assisted to give their consent.

Staff supported people and checked that they had sufficient food and drink each day.

People had their well-being monitored by staff and a health professional was asked to visit them, when needed.

Good



### Is the service caring?

The service was caring

Staff treated people well and made them feel cared about.

People had the decisions they made respected by staff and were assisted to be involved in planning their own care and support.

People's dignity and privacy were respected and their relatives and friends could visit them at any time.

Good



### Is the service responsive?

The service was responsive

Personalised care and support was provided to people who were involved in planning their care when their needs changed.

People's preferences, wishes and interests were known, promoted and respected by staff.

People knew how to complain and their concerns and complaints were encouraged and responded to in a timely way.

The manager took action when people raised their concerns about the quality of care provided to people.

Good



### Is the service well-led?

The service was well led

Good



# Summary of findings

People living at the home and staff were involved in discussions about changes to the service provided.

Staff were supported by the manager who took action when improvements were needed.

The quality of the service was regularly monitored and audits were completed on all aspects of the service provided.

# Eastlands Care 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 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 18 February 2015 and was unannounced. The inspection team consisted of two inspectors.

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 also reviewed any statutory notifications that the provider had sent us. A notification is information about important events which the service is required to send us by law.

On the day we visited the service, we spoke with 10 people living at the service, five relatives and seven staff. We spoke with the cook and the manager and observed how care and support was provided to people. To do this, 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.

We looked at eight people's care plans, four staff recruitment files, two staff supervision files, four staff training records, records relating to the maintenance of the premises and equipment, four medication records and records relating to how the service monitored staffing levels and the quality of the service. After the inspection we telephoned a social care professional for their feedback on the service.

# Is the service safe?

## Our findings

People told us that the staff were kind and used a positive attitude, when working at the service, that created a relaxed atmosphere that made them feel safe. They said that the staff made sure that they received the care and attention they required. One person said, “I have lived in another home that was not a patch on this one. I feel really safe and secure here and the staff are kindness itself.”

Relatives spoke warmly about how patient and respectful the staff were towards their relative. They said that they trusted the staff to safely care for their relative and promote their well-being at all times.

People had any risks to their safety identified, assessed and discussed with them. Plans had been put in place so that the risks associated with their health, accidents and incidents were minimised. Detailed risk assessments had been completed and reviewed for such things as people’s risk of moving, dehydration, malnutrition and use of bed rails. People had their health conditions, such as, the risk of them developing a pressure ulcer regularly monitored and reviewed to ensure they received the care and support they required.

Where a person had chosen to take an informed risk, for example of a fall, a best interest assessment had been completed that informed staff of the action they could take to reduce the risk of the person falling. Such as, reminding them to use their stick. This action was observed during our visit and confirmed that the staff knew how to keep people safe, in the least restrictive way.

A robust recruitment process was in place that was complete and reduced the risk of people being cared for by unsuitable staff. Staff confirmed that they had completed an application form and attended an interview before they had begun to work in the home. They told us that their references and a criminal records check had also been received by the manager, to confirm that they were of good character and suitable to work at the service. These actions were confirmed in the staff files and recruitment records we viewed.

Staff knew how to recognise and safeguard people from abuse. They had completed training in how to safeguard people and knew what abuse was, the action to take to protect people from being abused and who to tell if they suspected or witnessed abuse. Staff said they had also completed training in fire safety and had regularly practiced a fire-drill that included the action they should take in an emergency situation. This was confirmed in the fire safety records we viewed.

They explained that in the event of an emergency, contingency plans were in place if everyone living at the home needed to be evacuated. We saw that the fire exits were accessible and clearly sign posted and that there was fire-fighting equipment throughout the service. People living at the home told us that the fire-alarms were tested each week. One person said, “The staff remind us that the fire alarm is going to ring in a moment, but it still makes me jump when it does, you could never sleep through that noise.”

People told us that their requests for assistance were soon responded to by staff. They confirmed that they usually did not have to wait long for a staff member to support them when they asked for help. One person said, “There was a time, not so long ago, when there did not always seem to be enough staff working. We had to wait a short while for a staff member to be free, but things are better now.” Relatives and visitors told us that staffing levels had recently improved and that there were enough staff working at the home.

Staff told us that they were now able to meet the care and support needs of each person because staffing levels had been increased on each shift. They explained that most staff absence was covered by someone from the existing team of staff, an agency worker, the deputy manager or the manager. The manager told us that additional staff were provided, when needed, for such things as outings and that the staffing levels had been decided after the dependency of each person had been assessed and calculated. This was confirmed in the staffing roster we viewed.

# Is the service effective?

## Our findings

People told us they were supported to maintain good health. One person said, “This is an excellent home that has the best staff who all know how to care for people properly.” Another person explained, “The optician and dentist visit the home regularly and because of that I can see and eat much better.” They confirmed that a doctor or district nurse had been asked to visit their relative when necessary and that the staff or manager had contacted them to update them on the health of their family member. These actions were seen detailed in the care records we saw.

People were cared for by staff who had completed appropriate training that enabled them to develop the skills and knowledge they needed to carry out their role. The manager explained that to enable new care staff to do their job effectively, they completed the Skills for Care Common Induction Standards training. Staff told us that as part of their induction training they had also shadowed a senior staff member until they were competent to work alone. They said that they were provided with opportunities to update their training and to complete further training, such as the health and social care diploma in care. This was confirmed in the training plan we viewed.

Staff were supported through regular supervision and team meetings and yearly appraisal. They told us that the manager and deputy manager were approachable and used an ‘open door’ policy that enabled problems and concerns about the way care was provided to people to be discussed and resolved, when they occurred. This was confirmed in the daily handover records and the minutes we saw.

People confirmed that they were asked by staff to give their consent before any care was carried out. Their capacity to make decisions about their own care and support had been assessed by staff. Training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) had been completed by the manager and staff. This had assisted them to understand what to do when a person lacked the capacity to make a decision themselves about

their care or their freedom was at risk of being restricted. Policies and procedures were in place and the manager told us that no applications had been required to be sent to a local authority Supervisory Body, for authorisation for the service to be able to deprive people of their liberty, in their best interest.

The lunch meal was seen to be a relaxed time where people were offered a choice of balanced meals from the menu or an alternative of their choice. People told us that they were provided with sufficient amounts of food and drink throughout the day. One person said, “The food is good and they cook us the meals I like.” Another person told us, “They have a list of the foods I dislike, which I must admit is long, and a list of the foods I do like and they never muddle the two, so I am more than happy with my meals.” They told us that the cook spoke to them each morning and asked them to choose the meals they would like for that day. Our observations confirmed this action being carried out. Relatives told us that people were offered plenty of food and drink and that special diets, such as a diabetic or soft diets, were provided if required.

Enough staff were provided to ensure that people who required assistance to eat and drink were supported. People were served their meal quickly and when possible were encouraged to be as independent as possible. Staff members talked to people about their meal choice and checked with them that they were enjoying their food. We saw that the food and drink needs, preferences and likes and dislikes of each person were recorded in the kitchen. The manager told us that this information was used to decide the meals that would be put onto the menu.

People at risk of not eating or drinking enough had their fluid and nutritional intake monitored. Action had been taken by staff to involve a health professional, such as, a dietician or speech and language specialist when people had difficulties swallowing or had not eaten or drunk adequate amounts throughout the day. This assisted the staff in reducing the risk to people. This action was confirmed by staff and detailed in the care records we viewed.

# Is the service caring?

## Our findings

People told us that their choices were respected and they were happy living at the home. They said that the staff were caring, listened to them and respected their opinions and decisions if they declined their help. One person stated, “The staff are more than nice to us all. They are kind and keep an eye on us to make sure we are okay.” Another person said, “We laugh and joke with the staff which makes my day. They often ask us if we like the way we are looked after and I tell them [staff] you could not do more, you make me feel like the queen.”

A relative told us that the staff knew the people living at the home really well and could not do enough for them. They said that they used a positive approach towards people and spoke to them in a way that was thoughtful and respectful.

Staff also told us that they used a relaxed approach when working with people. They said that they got to know the way people liked to be cared for by talking to them and by checking with them that they were being cared for as they wished. They told us that most people soon made it clear to them if they did not wish an action to be carried out. They told us that they respected this wish and came back to the person at a later time. People living at the home, visitors and our observations confirmed that staff carried out these actions.

People who were able to make decisions about their care had been involved in planning and reviewing their care. The staff told us that this was to make sure that each

person’s care and support needs were accurately recorded and their views of how they wished to be cared for were known. They said that if a person lacked the ability to make their own decisions that their relative or an advocate would be asked to speak on their behalf. The provider confirmed that each person who needed support to make a decision had a relative who had been asked for their opinion of the care and support their family member may have chosen. We saw that this information was available to staff in the care plans we viewed.

The well-being of people was protected and their independence was encouraged and promoted. We saw that staff supported people to do as much for themselves as they possibly could, such as use adapted cutlery and drinking cups to enable them to eat and drink without assistance. Staff told us that they respected people’s privacy and dignity by knocking on their bedroom or bathroom door before entering and by discreetly discussing personal issues with them in the communal areas of the home.

They said that they took their time when explaining to people the action they wished to undertake, such as moving them from a chair to a wheelchair, so that they had time to consider if they wished to agree to the action. People spoken with confirmed this action. One person said, “It is not like living in you own home, but if you have to have help with daily living then this is an excellent place to be.” Another person told us, “The carers will do anything for you to make you feel comfortable and well cared for. Any problems you may have are soon sorted out.”



# Is the service responsive?

## Our findings

People told us that they had their care and support delivered by staff in the way they needed and that daily activities were provided during the week. One person said, "I have talked to the staff about my care and seen my care records. When I asked if I could change the day of my bath to fit in with my daughter taking me out, they soon made the change." Another person told us, "Things are arranged by staff for us to do in the afternoon such as, bingo, board games and exercise and a singer comes to entertain us sometimes. This helps us to keep our minds active."

Relatives told us that they had been asked to give their view of the care and support their relative had received, as part of the home's reviewing procedure. They said that they had no concerns or complaints and that their relative received the care they needed.

People were supported to follow their interests and to take part in community clubs and groups. One person showed us their knitting and told us that they belonged to the local community 'Knit and Natter' club. They said, "I have always liked knitting and love going out to do something useful." We saw in the afternoon that people were offered the opportunity to play bingo and to take part in a discussion group. Relatives said that their family member was able to choose if they took part in the activities on offer and could decline and watch television, if that was their wish. Our observations confirmed this.

Staff told us that they offered people the care, support and attention they required. They knew the care and support needs of each person and the choices they had made about how they liked their care to be carried out. They said

that the information they were given at each daily shift handover and recorded in a person's care plan provided them with the information they needed about each person. This was confirmed in the records we saw.

People had their care and support planned and reviewed. Each person living at the home had a personalised plan of care that recorded their assessed needs, likes, dislikes, preferences and interests. Care, support and risk assessments had been completed to ensure the staff knew the exact way to provide a person's care.

Health professionals and speech and language specialists had been asked to visit people, when necessary, and they had also carried out assessments that instructed staff in the way to care for the person. Staff told us that the plans of care were reviewed each month, to ensure that people continued to receive their care and support, in the way they wished. This was confirmed in the care plans we viewed.

People were assisted to make a complaint or raise their concerns. Information and a policy and procedure were in place that detailed the action people could take if they wished to complain. People told us that they had felt listened to when they had raised their concerns. One person living at the home said, "The staff are quick to act if I tell them something is a problem or not right. When I told them that a person kept coming into my bedroom uninvited they made sure the person did not do it again."

Relatives told us that they could speak with the manager and staff at any time. They said that their concerns were taken seriously and quickly resolved to their satisfaction. Everyone spoken with confirmed that they did not currently have any concerns.

# Is the service well-led?

## Our findings

People were complimentary about the staff, deputy manager and manager and said that they were approachable and dealt with problems when they occurred. One person stated, “The deputy or manager ask us nearly every day if the staff are looking after us properly. Sometimes, just for a joke we say no, and when they ask us to tell them about it we say something silly, like silk sheets had not been put on our bed. They smile and say they will look into it. We know if it was serious they would sort it out.”

Relatives told us that the manager and deputy manager were well organised and made sure that the staff put the needs of the people living at the home first. They said that the manager, deputy manager and staff checked with them that everything was okay, each time they visited. Staff told us that the deputy manager was supportive and carried out checks of the way they worked, to make sure people were being cared for correctly. This action was confirmed in the staff records we saw.

Staff told us that the manager and deputy manager had an ‘open door’ approach that encouraged them to question practice and make suggestions for improvements within the service. They said that they had the opportunity to express their views at staff meetings, in staff surveys and through regular supervision and yearly appraisal with the manager. They described the way they were encouraged to work at the service as, inclusive and supportive of everyone living, visiting and working at the home. They told us that each person was treated as an individual and provided with the personalised care and support they required. This was confirmed in the care records we viewed.

Information that detailed the training that staff had completed and planned to undertake had been maintained. The manager explained that this enabled

them to check that each staff member had completed the training they needed. They told us that it also assisted them in monitoring when refresher training was required for staff and helped them check that they were trained to a good standard. Daily observation of the way each staff member worked had been carried out, so that the quality of their care practice could be monitored and additional training provided, if necessary.

Daily, weekly and monthly audits of care planning, medication administration and fire, heating and water systems had been carried out by the deputy manager and manager to ensure the home’s policies and procedures had been followed by staff. Monthly visits had also been completed by a representative of the provider to make certain that the service was well-led and run and to ensure that identified and planned improvements were made in a timely manner.

People told us that the staff regularly asked them to give their opinion of the service they received. Relatives confirmed that they had previously been asked to fill in a survey questionnaire about the care and support provided to their relative. They told us that in discussions with the manager their suggestions for improvements had been listened to and put in place, if possible.

The manager explained that a quality assurance questionnaire survey had been sent out to people in December 2014, as part of the quality monitoring process used. They said that the comments made in the returned questionnaires had been gathered and analysed and used to create an action plan of the improvements needed to staffing levels, variety of meals and the premises. We saw that the improvements had been carried out to ensure continuous good standards of care and environment were provided. This action was confirmed by relatives and staff, our observations and in the records we viewed.