Care For Your Life Ltd

Eastholme Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 15 November 2017 and was unannounced. At our last inspection in September 2017 the overall rating for Eastholme Care Home was 'good'. At this inspection we found the provider continued to be good.

Eastholme 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. Eastholme Care Home provides care for older people including people who are living with dementia. It provides accommodation for up to 31 people who require personal and nursing care. At the time of our inspection there were 30 people living at the home.

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.

On the day of our inspection staff interacted well with people. People told us that they felt safe and well cared for. The provider had systems and processes in place to keep people safe.

Medicines were administered to people safely however the provider did not have systems in place to ensure the consistent recording of medicine administration.

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 supported this practice.

People's health care needs were assessed and care planned and delivered to meet those needs. Arrangements were in place to facilitate working relationships with other professionals and care providers. People had their nutritional needs assessed and were supported with their meals to keep them healthy.

There was usually sufficient staff available to meet people's needs. People were treated with dignity and respect.

Staff were provided with training to ensure that they had the skills to meet people's needs. A process for supervision was in place.

People were provided access to social activities. Relatives felt welcomed and people were supported to maintain relationships that were important to them.

The environment was clean and refurbishment had taken place since our last inspection.

The registered manager and provider created an open culture and people, staff and their relatives said they understood the needs of the service. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Audits were carried out and action plans put in place to address any issues which were identified.

Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Systems were not always in place for the safe management of medicines.

Risk assessments were completed.

There was sufficient staff available to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Arrangements were in place to ensure the environment was clean and hygienic.

Is the service effective?

Good

The service remains well led.

Is the service caring?

Good

The service remains well led.

Is the service responsive?

Good

The service remains well led.

Is the service well-led?

Good

The service remains well led.

Eastholme 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 was 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 15 November 2017 and was unannounced. The inspection was completed by an inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan our inspection.

We looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about. We also considered information that had been sent to us by other agencies when making our judgements.

During our inspection we spoke with the registered manager, the provider, two nurses and two members of care staff. We also spoke with three people who used the service and one relative. We looked at four people's care plans and records of staff training, audits and medicines. Following our inspection we spoke with another relative by telephone.

Requires Improvement

Is the service safe?

Our findings

We looked at medicine administration records (MAR) for people who lived at the home. Where people were prescribed variable doses, for example, one or two tablets, guidance was not in place to indicate how to decide how many tablets a person required. This meant there was a risk people would not receive the appropriate amount of medicine. Where medicines required specific conditions when being administered guidance was in place within the care record. For example one person was prescribed a medicine which needed to be given at a specific time. The provider told us staff used the instructions written on the medicine box to inform their practice. We observed that these instructions were adhered to. However good practice guidance recommends that medicine administration records should include this information.

We found in four medicine records allergies were not recorded consistently. For example a person was recorded on the personal information sheet as being allergic to penicillin however this was not recorded on the MAR. There was a risk people could receive medicines they were allergic to. In addition staff signature sheets were not fully completed. This meant it may be difficult to consistently identify who had administered medicines. Following the inspection we were told this was due to the signature sheet being in the process of being reviewed.

Although care plans for medicines were in place in the care records guidance was not available in the medicine records regarding 'as required medicines (PRN)medicines. These are important because they indicate to staff when these medicines are required and whether or not people could request and consent to having their medicines.

Where people were given their medicines without their knowledge (covertly) we saw appropriate arrangements were in place to ensure this was carried out safely. Medicines were stored in locked cupboards according to national guidance. Staff received regular training to ensure they administered medicines safely.

People who used the service told us they felt safe living at the home and had confidence in the staff. The provider had introduced a monitoring system for call bells in order to ensure people were responded to promptly. However relatives we spoke with told us that they thought there were times when there was not enough staff. A relative told us, "I don't feel the staffing ratios are always sufficient to meet everyone's needs." In particular they felt when people required additional support due to their illness, for example, if they were distressed some people were left unsupported. During our inspection we observed people were responded to promptly. Staff told us they thought there were sufficient staff available to meet people's needs. Arrangements were in place to ensure when staff were unavailable gaps were filled by staff who were familiar with the service and people who lived there. This helped to ensure people received consistent care from staff who understood their needs.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This included Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the

home.

Individual risk assessments were completed on areas such as nutrition, moving and handling and skin care. Where people had specific issues we saw risk assessments had also been completed. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

People were protected from infections. The environment was clean and hygienic. Regular audits had been carried out and actions taken to resolve any infection control issues. Staff were aware of how to keep people safe from cross infection and used protective clothing appropriately. Staff understood their roles and responsibilities in relation to infection control and hygiene. Policies and procedures were in place and followed in line with current relevant national guidance.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (2005)MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were 9 people subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that relevant processes had been followed.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that best interest decisions had been carried out. When we spoke with staff and the registered manager about the MCA and DoLS they were able to tell us about it and how it applied to people within the home. Staff had been given prompt cards to assist them with the process.

People told us they thought staff had the skills to care for them. A member of staff told us they had been encouraged to develop their skills and a nurse told us they had access to specific training. New staff received an induction. The induction was in line with the Care Certificate which is a national standard. We saw from the training records that most staff had received training on core areas such as fire and moving and handling. We observed staff had the appropriate skills to deliver care. For example, we observed safe medicine administration and support to people when assisting them to move.

Assessments had been completed prior to people moving to the home to ensure the provider could meet people's needs. Care records were personalised and included information about what practical support people required. For example where people required specific equipment to meet their needs this had been provided. Where people's needs had changed this was recorded and care provided accordingly. For example a person was unable to use scales to be weighed and an alternative method of measurement was used.

The home had recently moved to a cook chill arrangement at lunch and tea time. The people we spoke with told us that the food varied in quality. A person told us, "The food is not as good as it used to be." People were offered a choice of meals the day before. However we observed if people didn't want what they had chosen they were offered an alternative. People had access to regular drinks and snacks throughout the day. Assessments had been completed with regard to nutritional needs and where additional support was required appropriate care had been put in place. For example, food supplements were given to ensure that people received appropriate nutrition. Where people had allergies or particular dislikes these were highlighted in their care plans. Staff were familiar with the nutritional requirements of people and records of food and fluid intake was maintained appropriately. This is important to support staff to monitor whether or not people receive sufficient nutrition.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. Hospital information packs had been developed to ensure information was available to other clinicians in the event of requirement for medical treatment. The home had also carried out a piece of work with the frailty team to reduce hospital admissions and improve information across teams.

We observed some refurbishment had taken place. A relative told us they thought the refurbishment had improved the environment for people. One person told us, "It is nicely refurbished." Bedroom doors had photographs on to help people to identify their room. As well as bedroom areas people had access to a range of communal and outside areas.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives and people who lived at the home said they thought staff were kind, helpful and caring. One person said, "Staff are kind" and said they were always made comfortable. Another person told us, "It's very nice here." A relative told us, "My family member is well looked after." They told us how staff supported their family member to attend a dental appointment with them because it was very stressful for the person. Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff offering visitors a drink and chatting with them and their family member.

We saw a relative had commented in a thank you card, "Thank you for all the care and patience given to my [family member]." Another commented, "It was lovely to see how kind and caring you were."

All the people we spoke with said that they felt well cared for and liked living at the home. We observed staff were kind and gentle when providing care to people. For example, we observed a member of staff supporting a person with a drink. They knelt at the person's level and chatted with them. They asked the person if they wanted more drink before assisting them. Another person was unhappy with a person during lunchtime and we observed staff intervened and reassured them. Staff provided care in a manner that ensured people's wishes were respected. For example, when supporting a person to enter the lounge staff asked them where they would like to sit. care records detailed people's personal preferences regarding their care for example, at night time whether or not they wanted checking or wanted a light left on in their bedroom.

Staff supported people to mobilise at their own pace and provided encouragement and support. We saw when staff assisted people to mobilise by using specialist equipment they explained what they needed people to do and explained what was happening. Records provided detailed guidance about what support people required. For example, how many staff were required to provide the support and what equipment was required.

People were encouraged to remain as independent as possible and care plans detailed what elements of care people were able to either complete or assist with. For example a record stated, "Able to choose own clothes," another explained a person was able to indicate when they required pain relief.

People who used the service told us that staff treated them well and respected their privacy and dignity. However one person told us they would like to have more male staff available so that when they needed personal care they could have a male staff member to support them. We observed that staff knocked on bedroom doors before entering. One person liked to spend private time with their spouse and we observed this was detailed in their care record and staff were reminded to respect this. Staff we spoke with were aware of the importance of confidentiality regarding people's information. Records were stored appropriately in order to protect people's confidentiality. We noticed in the staff room a notice to remind staff not to put personal information on display.

Where people required support from lay advocacy services this was identified in their care record. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Information was available to people as to where this service could be provided from.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis during the week. We saw events had also been arranged for weekends and evenings. During the inspection we observed people playing a game of bingo and taking part in a keep fit session. A relative told us, "There is a new activity person who is wonderful."

Care records included details so that staff could understand what things were important to people such as information about people's past life experiences and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. However the people we spoke with told us they were not aware of their care plans. The relatives we spoke with told us they had been involved in developing and reviewing the care plans for their family member.

People were encouraged to speak out about their care and their preferences and this was recorded in their care records. For example, a person was vegetarian and we observed they were given a vegetarian option and supported to have a choice at meal times. Where people had links with people and services in the community they were supported to maintain these. For example, a relative told us their family member had been able to attend their usual dentist with the support of staff. another person told us they had their nails manicured by a person they used to see when they lived at home.

Where people were unable to communicate verbally we observed staff were aware of how to communicate with people and understood their needs. We observed staff communicating with a person who had partial hearing. Staff were patient and used a mix of gestures and written word to communicate. However they also continued to speak to the person to support the communication.

A complaints policy and procedure was in place and on display in the home. People told us they would know how to complain if they needed to. They said they would go to the office if they were not happy about anything or speak to the managers. A relative told us that usually issues were resolved although sometimes they could take a while to resolve. We saw that previous complaints had been handled according to the provider's policy.

People's preferences and choices for their end of life care were recorded. The home had carried out work with the frailty team which had included putting in place plans for end of life care. Arrangements were also in place to provide people with additional medicines promptly should their illness deteriorate.

Good

Is the service well-led?

Our findings

People felt the home was well run and told us all of the management team were approachable. A relative told us , "When you raise issues they usually get sorted." A registered manager was in post.

Where issues had been identified by the provider's quality checking system we saw action plans had been put in place in order to make improvements. For example, a care records audit had taken place and we saw the actions had been completed.

A development plan had been introduced by the provider and we observed staff were aware of this and had been involved in discussions regarding its implementation. The plan included visions and values, a system for analysing quality improvements and arrangements to ensure legislation such as the Human Rights Act 1998 were followed.

Arrangements were in place to involve people and their relatives in the running of the home. For example a food tasting had been held to decide what to have on the monthly menu. At the most recent staff meeting the registered manager had invited relatives to attend so they would be aware of issues in the home and facilitate an open discussion about these. Surveys were also carried out with staff, people who lived at the home and relatives.

Staff understood their role within the organisation and were given time to carry out their tasks. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. Staff and relatives told us that the registered manager was approachable. They said that they felt able to raise issues and felt valued by the manager and provider. We observed the registered manager and provider were visible during our visit and spoke with people and their relatives.

The service had worked in partnership with the frailty team in order to develop people's care plans. In addition close links were maintained with the district nurses and GPs. On the day of our inspection a meeting was taking place with representatives from the NHS and Local Authority in order to ensure a person's needs were met.

The service had a whistleblowing policy and contact numbers to report issues of concern, were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed.

The provider had informed us about accidents and incidents as required by law. The provider submitted notifications, for example, CQC had been informed about all the people who were subject to a DoLS. Notifications are events which have happened in the service that the provider is required to tell us about. The ratings for the last inspection were on display in the home and available on the provider's website.