# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Easterlea

Easterlea Rest Home, Hambledon Road, Denmead, Waterlooville, PO7 6QG

Tel: 02392262551

Date of Inspection: 29 August 2013

Date of Publication: September 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Records** ✓ Met this standard

## Details about this location

| | |
|---|---|
| Registered Provider | David Mitchell |
| Registered Manager | Mrs. Carol Boyce-Flowers |
| Overview of the service | Easterlea provides accommodation and support for up to 18 older people. The home is situated in Denmead, Hampshire. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*


| | Page |
|---|---|
| **Summary of this inspection:** | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 4 |
| **Our judgements for each standard inspected:** | |
| Records | 6 |
| **About CQC Inspections** | 8 |
| **How we define our judgements** | 9 |
| **Glossary of terms we use in this report** | 11 |
| **Contact us** | 13 |

## Summary of this inspection

### Why we carried out this inspection

We carried out this inspection to check whether Easterlea had taken action to meet the following essential standards:

- Records

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff.

### What people told us and what we found

On the day we inspected there were 15 people living at the home. During our inspection we spoke with three staff. We observed a calm atmosphere where staff were able to offer support whilst respecting people's dignity and independence. The manager has an 'open door policy' whereby family and visitors could easily approach her and ask questions about the care and welfare of the person they were visiting.

We carried out an inspection in May 2013 when we had concerns as the systems and records were not being maintained or used consistently. We made a compliance action asking the provider to take action in order that we were reassured that people were in receipt of safe and adequate care. The provider wrote to us and told us what action they were going to take.

We carried out an inspection on 29 August 2013 to review the progress the provider had made in taking action to be compliant in the area where we had previously assessed them as non compliant.

We found that the provider, registered manager and deputy had taken steps to improve care planning and record keeping and had worked on embedding the new systems

You can see our judgements on the front page of this report.

### More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Records** ✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

### Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

### Reasons for our judgement

At our last visit in May 2013 we saw people were at risk as the new records which had been introduced had not all been maintained or implemented consistently. The provider sent us an action plan in June 2013 telling us what they would do to ensure that the service offered was safe. We saw that the provider had made the necessary improvements to become compliant with this outcome.

During this inspection we saw that records were stored in the office which was open and that staff had access to them when needed. Care plans and daily notes were kept in a lockable cabinet. Staff were observed accessing the records throughout the day.

We saw that there were improvements to some records that were highlighted at the last inspection, for example care plans, had been maintained. We also saw that specific action had been taken in putting systems and records in place to monitor and assess the quality of the service for example staff development records and auditing of care plans.

The manager and deputy had carried out an appraisal with each member of staff and a plan was in place for regular three monthly supervisions. We also saw that the training plan for staff had been updated and the manager could see when staff had to renew any mandatory training areas.

We looked at the current care planning system and staff confirmed that they had received training in the use of the system on the 20 August 2013. There was information on the care plans to show what support staff should give and any areas of concern and risk. The training had been delayed by the product representative and not all the care plans had been amended to reflect the training the staff had undertaken. We discussed the care plans with the manager and deputy who stated that they would make a decision about the care plans and ensure that staff understood the tools.

We saw that new records had been introduced for example handover sheets for morning

afternoon and evening shifts to record on. We saw that on one night 'room x buzzed frequently'. We checked the record of night checks and saw the reasons for the calls to staff and what action they had taken. This meant that there was a record of what care and support had been offered/given and staff could easily see where there were issues or changes in people's well-being.

The manager showed us records that monitored the cleanliness and health and safety of the building and equipment. We saw that action needed was highlighted and the maintenance person signed to say when they had rectified the issue. We saw that senior staff monitored these records to ensure that work was carried out in a timely manner. This meant that accurate records helped support the health and safety of the service.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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