Inspection Report

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

Eastleigh Care Homes - Minehead Limited

Periton Road, Minehead, TA24 8DT

Tel: 01643702907

Date of Inspection: 20 August 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Eastleigh Care Homes - Minehead Limited
Registered Manager	Miss Jennifer Anne Hodges
Overview of the service	This service provides for people requiring both nursing and personal care. Two buildings are situated in large gardens with extensive views of the sea and surrounding countryside.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 20 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

This service had been registered since 18 October 2013 providing both nursing and residential care. Previously the nursing accommodation and residential accommodation had been registered as two services on the same large site.

We heard the unification of the two services had enabled people to access a range of care as their needs changed. Staff were also able to access an increased range of training and experience.

The service was managed overall by the registered manager. The deputy manager took particular responsibility for the care of people and staff in the residential building. During the inspection we met with the clinical lead for the provider and were told about their role in ensuring the standards of nursing and care throughout the home.

Our inspection set out to answer five questions:
Is the service safe?
Is the service caring?
Is the service responsive?
Is the service effective?
Is the service well-led?

Below is a summary of what we found. It is based on our observations during the inspection, discussions with people living at the home, and with the staff supporting them, and on looking at records.

Is the service safe?

People told us they felt safe. Staff treated people with kindness and respect. Safeguarding procedures were in place and action was taken to keep people safe. Arrangements were in place to make sure that the registered manager and staff learnt from incidents and investigations.

Staff we spoke with were aware of the Mental Capacity Act 2005 and how to support people who were unable to make decisions for themselves. Staff were able to tell us about how they had involved other people in making decisions when someone lacked the capacity to make a decision for themselves.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Relevant staff have been trained to understand when an application should be made, and how to submit one. People's rights were therefore properly recognised, respected and promoted. People who needed extra support to make decisions were able to use an independent advocate.

There were systems in place to ensure that medicines were safely stored, administered and disposed of. We heard medicines were only administered by registered nurses or senior staff who had completed appropriate training and been assessed as being competent to carry out the task.

Is the service caring?

People were supported by kind and caring staff. All of the people we spoke with told us that they were happy at the home. One person told us "I couldn't have come to a better place. The carers care, the management is good and the food is excellent." Another person said "We are really looked after here. Staff are great. We do more or less whatever we like." A relative talked to us at length about the care their family member received. They said "They know my Mum here. I thought this would be the right place for her and I was right."

The provider conducted annual satisfaction surveys. The most recent survey showed high levels of satisfaction with the quality of care.

Is the service effective?

The service provided care in line with people's wishes and individual needs. This was recorded in care plans. People's health and care needs were assessed with them, and where possible they signed to show that they were involved in deciding the best care to meet their needs. Staff were trained in appropriate areas of care.

Is the service responsive?

The service responded to people's changing needs. When people were unwell or they needed specialist assessment, the provider sought advice from community health and social care professionals.

There were residents' meetings where people could suggest changes to the manager. We saw notes of these meetings that showed that the manager listened and made changes where they could.

People told us they felt able to make a complaint if they needed to. We saw when a complaint was made it was addressed and taken seriously.

Is the service well-led?

The service was led by registered manager who was supported by a deputy manager. Both managers knew the people living in the home very well and were actively involved in ensuring they received safe and effective care.

The service had a system of regular quality assurance that monitored care and showed where it could be improved.

Staff understood their responsibilities. They felt well supported by the provider and the registered manager. We heard from people who lived in the home and staff that the manager was accessible and "always listened."

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

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People said they were very pleased with the care they received in the home. One person told us "I couldn't have come to a better place. The carers care, the management is good and the food is excellent." Another person said "We are really looked after here. Staff are great. We do more or less whatever we like." A relative talked to us at length about the care their family member received. They said "They know my Mum here. I thought this would be the right place for here and I was right."

People's needs were assessed by the service's clinical lead nurse. They told us how careful they were to ensure people's needs could be met in the home before they were offered a place. We saw arrangements were made to meet people's differing needs within the different areas of the home. People living in the residential wing were able to access the facilities in the larger nursing areas.

People's care needs were monitored and reviewed to make sure they received appropriate care and support. People who used the service, or their representatives, were involved in the review of their care needs. On the day of the inspection one person's relatives attended a review meeting. These relatives told us they had had opportunities to ask questions and make suggestions about the plan of care in place.

Each area of the home where nursing care was provided had a registered nurse on duty to make sure people's clinical and medical needs were met. Care staff reported any concerns about people's health to the registered nurse to make sure they received appropriate support. During the inspection we heard care staff report a concern to the nurse. The person was immediately seen by the registered nurse and appropriate treatment was provided. We heard these concerns being handed over to the next nurse on duty to make sure the person continued to have their health monitored.

People had access to health care professionals according to their individual needs. People told us the home arranged for them to see health care professionals including doctors,

chiropodists and speech and language therapists. One the day of the inspection a dentist came to see two people.

People received effective treatment to meet their specific needs. One person told us they had been seen by a speech and language therapist because they had some difficulty with swallowing. It was recommended by the therapist that all drinks should be thickened to address their difficulties. During the inspection we saw that this person's drinks were thickened in line with the recommendations made.

Another person had been underweight when they arrived in the home. We saw they were given individual attention at lunch time and on this occasion they ate well. We looked at their care plan and saw the care they had received was according to the plan. We looked at the records of their weight and saw this had increased slightly and was being maintained.

People were able to spend time in communal areas or in their own bedrooms. People who chose to stay in their bedrooms had call bells close by to enable them to summon assistance at any time. People said staff answered calls for assistance promptly which meant people had their needs responded to in a timely manner. One person told us they had a mat that was linked to the call bell system. They told us, "During the night as soon as I get out of bed and put my feet on the mat the staff appear."

People were able to take part in activities to ensure they received social and mental stimulation. There was a monthly activities calendar displayed around the home which gave people information about what activities were happening each day. This enabled people to plan their time around activities which interested them. On the morning of the inspection some people listened to a violinist in one of the communal lounges and in the afternoon people went out on a bus trip.

Arrangements were made to meet people's spiritual needs. Staff told us there were arrangements in place for representatives from a variety of churches to visit the home. One person told us a local vicar had visited them that morning and they had been able to take Holy Communion. The activity calendar also showed that regular church services were held at the home.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. We heard how applications had been submitted and proper policies and procedures were in place. Relevant staff have been trained to understand when an application should be made, and how to submit one. We met with an Independent Mental Capacity Advocate (IMCA) in the home. The role of the IMCA was to support and represent people at times when critical decisions are being made about their health or social care. They were involved when the person lacked capacity to make these decisions themselves and mainly when they do not have family or friends who can represent them. People's rights were therefore recognised, respected and promoted.

The home was accredited to the 'National Gold Standard Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life.

We asked about the provision of drinks for people in one of the lounges. We heard people were regularly offered tea and coffee between meals. The manager agreed that in future

jugs of cold drinks and glasses would be made available in the lounges in case additional drinks were required.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

There were systems in place to ensure that medicines were safely stored, administered and disposed of. We heard medicines were only administered by registered nurses or senior staff who had completed appropriate training and been assessed as being competent to carry out the task.

The home had appointed assistant practitioners who were senior care staff who assisted nurses with some of their tasks such as medication. We saw records of the completed medication competency assessment completed for a newly appointed assistant practitioner.

Medication administration records we read showed all medicines were signed for when they entered the home and when administered or refused. This meant the provider was able to check the quantity of medicines on the premises at any time. We discussed the illegible signatures used by some staff when signing the medication records. The clinical lead took immediate action to ensure staff paid attention to the clear signing of these records.

We saw evidence that showed when a variable amount of medication had been prescribed it was clear how much had been taken. We saw people were offered prescribed analgesia and the nurse took time to establish whether the person had any pain. When people were prescribed short courses of antibiotics for infections it was clear the full course was given. There was a system in place for doctor's to review people's medication regularly and make any appropriate changes.

Controlled drugs were appropriately stored and a controlled drugs register was maintained. We checked a sample of controlled drugs and found that stocks matched the records kept. Stocks of controlled drugs were checked on a weekly basis by registered nurses. Records of these checks showed that no discrepancies had been found.

We saw records of the monthly medication audits that were carried out. The audits stated the standards of ordering, administering and recording of medications that were expected to be achieved. When there were any discrepancies found appropriate action was

recorded. There were systems in place to address any medication errors. This meant the provider was taking action to protect people against risks associated with the unsafe use of medicines.

We were told about the service's plans to implement an electronic medication administration record system (EMAR) in the near future in the home.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People were supported by staff who had the skills and knowledge to meet their needs. There was a staffing structure in place which gave clear lines of accountability and responsibility. In addition to registered nurses there were senior carers who were responsible for organising other staff to make sure people received the care and support they required.

The home had recently introduced the role of assistant practitioner. These were senior care staff who had completed additional training and supervision to enable them to carry out some nursing duties under the supervision of a registered nurse. Registered nurses and assistant practitioner's had their clinical competency assessed in key skills such as venepuncture and catheterisation. This ensured staff had the clinical skills required to meet people's needs.

Staff we spoke with were very knowledgeable about the people they were supporting and caring for. They were able to tell us about people's life histories and gave accurate and clear accounts of aspects of their care.
People were very complimentary about the staff who supported them. One person told us "they are very good staff. There are never any worries. They are a good team."
Throughout the inspection we heard staff speaking kindly to people.
Staff were well supported and received appropriate training. There was an induction programme and opportunities for ongoing training to make sure staff had the skills and knowledge to appropriately support people. One new member of staff said they had found the induction programme really useful and it had given them the knowledge they needed to begin work. They told us they had lots of opportunities to shadow more experienced staff and had been well supported by senior staff.

We heard a range of courses were offered to staff including E-learning for nurses and when possible certificated qualifications.

The clinical lead told us about the importance of individual mentoring for staff in the home if there were any concerns about individual issues. Staff confirmed there was "always someone to ask" if they had any concerns about people's needs or the care they were

providing.

Staff told us they supported each other and tried to cover all shifts in the home within the staff team. This meant people received continuity of care and were cared for by people who knew them well.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

There were systems in place to monitor the quality of the service offered and ensure the safety of people who lived at the home.

Care plans were audited and reviewed by registered nurses and assistant practitioner's to ensure they were current and reflected people's needs. We saw the home monitored falls, pressure damage to people's skin and other indicators of care such as infections on a monthly basis. These systems indicated safe and appropriate care was being provided to people in the home.

The provider sought feedback from people who lived at the home and other interested parties on the quality of the service offered. The provider sent satisfaction surveys and the results of surveys were analysed to ensure that feedback informed future developments and improvements.

Service users meetings were held four times a year. We saw the minutes of the meetings held on 21 May 2014. People were encouraged to give their views regarding their food, activities and standards of care in the home. They were asked if they had any concerns or complaints. The meeting was attended by the manager and activities staff so people could speak openly and know their views had been heard directly by the manager. The minutes indicated some issues were raised and there were many positive comments about the care and services the home.

The provider held monthly manager's meetings where issues raised through audits and reviews could be discussed and appropriate action taken.

One member of staff took a lead role in ensuring health and safety within the building. There were monitoring checks in place to make sure the building and equipment was safe for people who lived at the home, staff and visitors. Records of these checks showed they

were carried out regularly.

The building was fitted with a fire detection and emergency lighting system. We saw checks on this system were routinely carried out by staff at the home and by outside contractors. This meant there were systems in place to identify, assess and manage risks relating to the health, welfare and safety of people in the home.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available and complaints people made were responded to appropriately.

Reasons for our judgement

People knew how to make a complaint. The complaints procedure was displayed throughout the home and had been discussed at a recent service users meeting. The manager recorded minor concerns expressed in the home to look for "patterns and trends." They told us they hoped this would enable issues to be addressed promptly before they escalated into a formal complaint.

People we asked said they would be comfortable to make a complaint and felt their concerns would be responded to. One person told us, "I did make a complaint and it was dealt with. Someone came to see me to make sure I was happy with the outcome." A relative spoke with us about the prompt action taken in the home when they had asked questions about their family member's care.

We saw any complaints made were recorded and it was clear what action had been taken. This meant the provider had an effective complaints system people felt able to access

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. 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. We monitor the implementation of action plans in these reports and, if necessary, take further action. 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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