

Review of compliance

<p>Eastfield Farm Residential Home Limited Eastfield Farm Residential Home Limited</p>	
<p>Region:</p>	<p>Yorkshire & Humberside</p>
<p>Location address:</p>	<p>Eastfield Farm Southside Road Halsham Hull East Riding of Yorkshire HU12 0BP</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>September 2012</p>
<p>Overview of the service:</p>	<p>Eastfield Farm is a care home that is registered to provide care and accommodation for older people, including those with a dementia related condition. It does not provide nursing care. The property is in the village of Halsham, a village between Withernsea and Hull in East Yorkshire. It is attached to a farm and has views over open countryside. There are a number of</p>

	<p>communal rooms. The premises have recently been upgraded and bedrooms now include en-suite facilities.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Eastfield Farm Residential Home Limited was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 30 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke with a small number of people who lived at the home and observed the interaction between other people and care workers. The people we spoke with told us that they were happy with the care they received and said that the staff were 'very nice' and 'kind'. One person said, "They are always around if I need them – if I ring the buzzer during the night they always answer quickly".

People said that they were supported to make day to day decisions about how to live their lives.

We did not speak directly to people living at the home about safeguarding adults from abuse but people told us that they felt safe living at the home.

The people that we spoke with told us that they could speak to staff and they would listen to their concerns and try to support them through any worries.

What we found about the standards we reviewed and how well Eastfield Farm Residential Home Limited was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care and support that met their needs and protected their rights. Individual care needs had been assessed and regularly reviewed.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

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.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system in place to regularly assess and monitor the quality of service that people received.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with a small number of people who lived at the home and observed the interaction between other people and care workers. The people we spoke with told us that they were happy with the care they received and said that the staff were 'very nice' and 'kind'. People said that they were supported to make day to day decisions about how to live their lives.

Other evidence

People expressed their views and were involved in making decisions about their care and treatment.

We examined the care records for three people who lived at the home. A brief admission form and a more detailed pre-admission assessment form had been completed when the person had initially been visited by the manager or senior staff member. This included details of health and social care professionals who were involved with the care of the person concerned and information such as the name of their GP, current prescribed medication and any known allergies.

The care needs assessment covered a variety of areas including moving and handling, nutrition, cognitive ability and dependency levels. The assessment also included more

specific information such as the person's preferred time to get up and go to bed, their preference for a bath or shower, their preference for a male or female care worker and whether they liked a light to be left on during the night.

A survey had been distributed to people living at the home in May 2012. This asked some questions about individuality, dignity and respect and all of the people who responded were positive about this aspect of their care. An action plan had been completed when the responses had been collated and this included the statement, 'further measures will be implemented with the homes staff group to ensure that dignity and respect are maintained at all times'.

We saw the induction training pack used by the home; this included information about advocacy, privacy, independence and informed choice. One care plan that we viewed recorded, 'Encourage x to choose what they would like to wear on a daily basis. Care staff must assist with buttons, fasteners, zips and laces'.

People told us that they could make day to day decisions about their lives. They had a choice of meal at lunchtimes, could choose whether or not to take part in activities and choose where to spend the day. A person's capacity to make more important decisions had been recorded in care needs assessments and reference had been made to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty (DoL) safeguards.

People had completed forms to record their consent to the content of their care plan, their agreement to have a photograph taken to attach to their care records and to have a bed rail fitted or not fitted (as appropriate).

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that staff at the home were kind and were 'nice people'. One person said, "They are always around if I need them – if I ring the buzzer during the night they always answer quickly".

Other evidence

Peoples' needs were assessed and care was planned and delivered in line with their individual care plan, and in a way that ensured people's safety and welfare.

We looked at the care records for three people who lived at the home.

The information gathered at the time of a person's initial assessment had been incorporated into an individual plan of care. Each area of the care plan recorded the identified need, the objective, the intervention required to meet the need and the person who would carry out the support. Areas included dressing and undressing, hearing, bathing, diet, mobility, general health, night care and nail care.

Care plans included information about the person's life history, previous lifestyle and family involvement. We saw that this provided staff with an insight into the person and how they might wish to be supported.

We saw that people had individual risk assessments in place that covered topics such as use of the bath hoist, use of a walking frame and the risk from handling hot substances. There was a record to evidence that risk assessments had been reviewed and updated on a regular basis.

We saw that one person's risk assessment recorded that they were at risk from having regular falls. We noted that advice had been sought from the falls team and a medication review had been arranged to check that the person's medication was not contributing to the risk of falls. This information had been incorporated into their care plan and risk assessment.

The provider may wish to note that in two care plans we saw that monthly review sheets had recorded a change to the person's care needs. This information had been transferred to the care plan on the database but had not been recorded in the care plan used on a day to day basis. We also saw that the dependency score sheet had not been updated on a regular basis. The manager said that staff reviewed these every month at the same time as they reviewed the care plan and risk assessments but acknowledged that they had not recorded these reviews if there had been no change. They said that they would ensure this was recorded in future.

Daily reports were written by staff to record the actual care provided. Details of contact with health care professionals had also been recorded, including the reason for the contact and the outcome.

Accidents and incidents had been recorded appropriately. We saw that there had been some accidents at the home that the Care Quality Commission should have been notified of and we had a discussion with the manager about the low number of notifications received. The manager explained that he submitted notifications regarding deaths at the home and when accidents had resulted in a fracture. The provider may wish to note that they had not been fully aware of their responsibility under the Health and Social Care Act 2008 about when to submit notifications. The provider is now aware of this responsibility.

Patient passports had been completed. These were documents that people could take to hospital appointments and admissions with them to inform staff of their individual physical and mental health needs.

Our judgement

The provider was meeting this standard. People experienced care and support that met their needs and protected their rights. Individual care needs had been assessed and regularly reviewed.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not speak directly to people living at the home about this topic but people told us that they felt safe living at the home.

Staff told us that they had received training and, when spoken with, displayed an understanding of the different types of abuse and the action they needed to take should they observe poor practice.

Other evidence

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

A recent investigation had been undertaken by the local authority safeguarding adult's team. The provider may wish to note that any incidents that had been referred to the safeguarding team for investigation also required a notification to be submitted to the Care Quality Commission under Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered persons told us that they were now aware of this responsibility.

The manager told us that they had purchased some e-learning training packs, including one on the topic of safeguarding adults from abuse. Training records recorded that six staff had completed this training in 2010 and that a further 13 staff had completed this training in 2012 via e-learning. This showed that the majority of staff working at the

home had completed training on safeguarding adults from abuse; the staff that we spoke with confirmed that they had completed this training.

Two registered persons had attended training specifically designed for managers of care services and the manager had attended a Train the Trainer course. He told us that he would be able to facilitate in-house training when he received the appropriate training materials from the training provider, and that he would be undertaking annual refresher training to enable him to continue to provide training for staff on safeguarding adults from abuse.

We spoke to two care workers and they displayed a good knowledge of the different types of abuse and the action they needed to take should they observe poor practice or become aware of an abusive situation. Staff told us that they were aware of the home's whistle blowing policy and that they felt staff would use it appropriately.

A small number of staff had undertaken training on dementia care and behaviour that challenged the service; the provider may wish to note that all staff may have benefitted from undertaking this training in view of the care needs of some of the people living at the home.

A registered person told us that they held small amounts of money for people who lived at the home. This money was kept in a locked storage facility. We checked a sample of monies held and associated records and found these to be accurate. We were told that some people held small amounts of money in their room and had been provided with a lockable cash box to keep their money as safe as possible.

Our judgement

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We talked with people who lived in the home but their feedback did not relate to this outcome. However, they did tell us that they were very satisfied with the care they received from staff.

We spoke with staff about the training they had undertaken and examined training records to assist us in making a judgement about compliance with this outcome area.

Other evidence

Staff received appropriate professional development.

The manager told us that the home had obtained some e-learning training packs that included safeguarding adults from abuse, the Mental Capacity Act 2005, Deprivation of Liberty safeguards and dementia care. Records evidenced that 13 staff had undertaken this training during July and August 2012. In addition to this, 18 staff had undertaken manual handling training in July 2012. We saw evidence that this training included facts and figures and the law, risk assessment, anatomy of the spine and a practical training session.

Records evidenced that one staff member was working towards a National Vocational Qualification in Care and that all other staff had achieved National Vocational Qualification (NVQ) awards at either level 2 or 3, including ancillary staff.

We discussed training with the registered persons and they said that they did not have a document or policy that recorded the training that they considered to be mandatory or

how often they expected people to undertake refresher training. This made it difficult to ascertain if the registered persons were meeting their own targets for training achievement.

The provider may wish to note that, because the training matrix was not up to date, it was difficult to establish the number of staff who had completed each training course, the date it had been completed and when refresher training was due. However, records evidenced that some staff had undertaken training on challenging behaviour, health and safety, food hygiene, equality and diversity, medication, falls awareness and first aid during the last two to three years.

The manager told us that he had experienced difficulties in acquiring training on infection control but that he had been told that training would be available from September onwards. We also saw that a course had been booked for all staff to undertake fire safety training in September 2012.

We saw the induction training pack used by the home. We were told that staff had a three month probationary period and that they were expected to complete the training within that timescale. The manager told us that, when staff first started to work at the home, he showed them how to use the hoist. We saw a document that staff had signed to record that they had been shown how to use the bath hoist, standard hoist, sling hoist and moving belt and that they had then used this equipment whilst being observed by the manager. The manager said that new staff also shadowed experienced care workers as part of their induction training and that the number of shadowing shifts depended on the new employee's previous experience as a care worker.

We were told that new staff were asked to attend the home for two hours (without pay) to meet the head of care and to start their induction training prior to starting work at the home. We were unclear why this was necessary if the staff were going to be an additional person on shift for the first few days of their employment. The provider may wish to note that we did not see any evidence that staff shadowed experienced care workers or started their induction training prior to being added to the staff rota and this provided a lack of evidence that staff had the skills they needed to undertake their role when they initially started work at the home.

Staff told us that they received sufficient training that kept their skills and knowledge up to date. They also said that they were well supported by the manager. However, we saw that the staff supervision records evidenced that the home were behind schedule with supervision meetings. All staff had two supervision meetings in 2010 and 2011 but in 2012 only four staff had attended a supervision meeting. This was acknowledged by the registered persons and they said that they would ensure that all staff had two supervision sessions during 2012. We saw that there had been a staff meeting in May 2012 and staff told us that they were able to make suggestions and express concerns at their meetings.

We checked the individual staff records for two people. There was evidence that these staff members had undertaken a variety of training courses including safeguarding adults from abuse, moving and handling and health and safety. However, only moving and handling had been completed during 2012 and other training was dated 2009, 2010 and 2011.

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.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The people that we spoke with told us that they could speak to staff and they would listen to their concerns and try to support them through any worries.

Other evidence

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people living at the home. The quality of service that people received had been regularly assessed and monitored.

We saw that surveys were distributed to people who used the service in May 2012 and that the responses had been collated. Responses were mainly positive. One of the questions was, 'If you had reason to complain would you know who to approach?' 88% of people responded 'yes' but 12% of people were uncertain. The action plan recorded that the manager would speak to each person individually to explain the information about complaints that was displayed in the home. We saw that the collated responses had been included in the statement of purpose that was on display in the home.

Surveys had also been distributed to family/friends and to allied health professionals. The manager said that the responses contained in these had not been collated.

The manager said that he had not had success with attendance at resident/relative meetings and that these had ceased. In place of these meetings, the manager stayed late at the home one night each week so that he was available to see relatives who were not available during the day. This was advertised in the home so that relatives

were aware of this facility.

Various audits had been undertaken by the registered persons, including those for medication, baths and bath temperatures, care plans and financial records. This evidenced that systems in place at the home were being monitored to ensure that they were being used effectively.

We saw that care plans were reviewed on a regular basis and that they had been updated to reflect any changes in a person's care needs or advice given by health care professionals. One of the care plans we checked had evidence of a formal review held by the local authority who had commissioned the placement to check that the person's needs continued to be met.

Our judgement

The provider was meeting this standard. The provider had an effective system in place to regularly assess and monitor the quality of service that people received.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA