

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

## Eastfield Farm Residential Home Limited

Eastfield Farm, Southside Road, Halsham Hull,  
HU12 0BP

Tel: 01964671134

Date of Inspection: 04 November 2013

Date of Publication:  
November 2013

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

**Cleanliness and infection control**



Met this standard

## Details about this location

Registered Provider	Eastfield Farm Residential Home Limited
Registered Manager	Mrs. Rachel Reynolds
Overview of the service	<p>Eastfield Farm Residential Home is a care home that provides personal care and accommodation for older people, including those with dementia related conditions. The home is situated in open countryside in the village of Halsham, close to the seaside town of Withernsea in East Yorkshire. There is a new extension that provides access to an enclosed garden. The lounge and reception area has been refurbished to a high standard and the area to the front of the premises has been landscaped. There is ample car parking space.</p>
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
<b>Summary of this inspection:</b>	
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
<b>Our judgements for each standard inspected:</b>	
Cleanliness and infection control	5
<b>About CQC Inspections</b>	7
<b>How we define our judgements</b>	8
<b>Glossary of terms we use in this report</b>	10
<b>Contact us</b>	12

## Summary of this inspection

---

### Why we carried out this inspection

---

We carried out this inspection to check whether Eastfield Farm Residential Home Limited had taken action to meet the following essential standards:

- Cleanliness and infection control

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 4 November 2013, observed how people were being cared for and talked with staff.

---

### What people told us and what we found

---

At the last inspection of the home in July 2013 we had concerns about the systems in place to control the risk of infection. At this inspection we saw that improvements had been made and the home was now compliant in this area.

We did not speak to people who lived at the home on this occasion. We observed positive interactions between people who lived at the home and staff, and saw that people were well groomed and dressed. We saw that the ground floor of the premises was clean and well maintained, although building work was continuing on the first floor.

The manager had produced documentation and introduced systems that were designed to prevent and control the risk of infection, such as cleaning schedules, risk assessments and audits. All of these were being used on the day of the inspection. The laundry room had been re-designed and this had reduced the risk of cross infection.

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](http://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

### Cleanliness and infection control

✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

---

### Our judgement

The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

---

### Reasons for our judgement

People were protected from the risk of infection because appropriate guidance had been followed.

At the last inspection on 9 July 2013 we found that the laundry room was small and cluttered with no distinct 'dirty' and 'clean' areas, the storage of clean linen was unsatisfactory, there were no cleaning schedules and the policies in place were not specific to Eastfield Farm Residential Home.

At this inspection the manager showed us a file of documentation that she had developed that included relevant information about the control of infection. There were numerous policies and procedures in place that were specific to the care provided at Eastfield Farm Residential Home. These included those for home cleaning, cleaning spillages, handling and disposal of clinical and soiled waste, isolation of service users with infectious illnesses, hand hygiene, laundry and respiratory illnesses. These were dated July 2013 and a review date in 2014 had been identified.

The manager had produced an annual statement for 2013 – 14 and this included information about the purpose of the statement, background information and details of any significant events. There had been one outbreak of a suspected infectious disease in April 2013 and this had been recorded appropriately, including the action that had been taken by staff. An annual audit had been completed in August 2013 and we saw that this recorded the improvements that had taken place since our previous inspection and areas where improvements still needed to be made.

Risk assessments had been undertaken to measure the likelihood of a risk occurring, the severity of the risk, existing control measures and any additional control measures that were needed. We found that these documents recorded any identified risk areas and included advice for staff on how to minimise infection control risks.

There were signs ready for use in case there was an outbreak of an infectious disease to

request that people did not visit the home, and a form entitled, "Outbreak record form" was in the folder ready for use. We also saw information for staff about how to manage some infectious diseases, including documents from the Health Protection Unit.

Written guidance had been produced to inform staff how to clean each area of the home. We saw that cleaning schedules had also been created; these were in the form of a checklist to record when daily and weekly cleaning tasks had been carried out. We saw the forms that had been completed by staff and noted that these had been signed to record the areas that had been cleaned by the domestic on duty each day. Another document defined the colour coding system for cleaning equipment at the home and we saw that this equipment was no longer stored in the laundry room.

At the previous inspection we noted that there was no domestic assistant working on a Sunday and this meant that care staff had to carry out routine cleaning and catering duties as well as care duties. At this inspection we saw that there was now a domestic assistant on duty over seven days of the week.

The layout of the laundry room had been re-designed so that dirty laundry was stored in one area of the room. A new sink had been installed in this area of the laundry room that staff could use to sluice laundry if needed. Clean laundry was placed straight from the tumble dryer into a linen basket and taken into another room. This room was used to sort clean laundry and linen, iron clothes when needed and store clothes until they were able to be taken to each person's bedroom. We saw that, as part of the first floor refurbishment, a dedicated linen cupboard was being created by dividing a large bedroom into a single ensuite bedroom and separate linen cupboard. As an interim measure, clean bed linen was being stored in people's bedrooms or in drawers located on the first floor corridor. These new arrangements reduced the risk of contamination between dirty and clean clothing/linen.

The home was in the midst of a major refurbishment programme. The reception and lounge area had been completed to a very high standard. The first floor of the premises was still in the process of being refurbished. This included the replacement of some floors before re-decoration could commence and new carpets be fitted. We saw that staff had put measures in place to keep these areas clean and safe during the building work. The manager confirmed that people who lived at the home did not access the first floor during the day unless they were accompanied by a member of staff. This reduced the level of risk involved.

Some carpets were stained and needed to be replaced, and the manager told us that this work was included in the refurbishment programme.

We did not detect any unpleasant odours, and apart from dust being caused by the first floor refurbishment, we found that all areas of the home were being maintained in a clean and hygienic condition.

## 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

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---