

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

Eastleigh Care Homes

90-91 East Street, South Molton, EX36 3DF

Tel: 01769572646

Date of Inspection: 15 January 2014

Date of Publication: February 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓ Met this standard
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Staffing	✓ Met this standard
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Complaints	✓ Met this standard
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Details about this location

Registered Provider	Eastleigh Care Homes - East Street Limited
Registered Manager	Mrs. Jennifer Anne Willmetts
Overview of the service	Eastleigh Care home is registered to provide care and support for up to 50 people. The home is situated in South Molton, Devon
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	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Staffing	8
Complaints	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 15 January 2014, 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 people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services. We talked with other authorities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We received some information of concern about one person who had lived at the home, but the concerns raised may have impacted on other people's care and support. We decided to carry out an unannounced inspection to look at the key areas of concern raised. We spent time talking to people who lived at the home. We spoke in detail to six people who were able to give an informed view of their experiences of care and support. We also spent time observing how care was being delivered in different parts of the home over the lunch time period and during the afternoon.

People we spoke with gave an overall positive view about the care and support they received. One person told us "I have lived here for over nine years now. There is nothing they could improve on. All the staff are wonderful and they will all go the extra mile to make sure we are well looked after." Another person commented "We are very well looked after. Staff are all very good, even the young ones. When they are busy, you sometimes have to wait a bit longer, but mostly they come quickly if you need them." We heard from one visiting relative, how they were kept fully informed of any changing needs and they told us "I am very happy with the care here. I know my relative is being very well cared for."

We spoke with nine staff and heard how staff rotas were planned ahead and any gaps due to sickness or leave were covered by existing staff. We saw there were sufficient staff for the current number and needs of people living at the home. Following the inspection we spoke with two professionals who visited the service and with the commissioning team. No concerns were raised about the care and support being delivered to people. One professional told us "We have recently reviewed someone whose family have a lot of anxieties about the care provided. The manager had gone out of her way to ensure this

family have the relevant information and details to feel assured their views were listened to."

We looked at how the service had dealt with complaints and saw they kept detailed records about this. We saw the service had looked at ways they could make sure people living at the home and their relatives could express their views, either via a formal review process, complaints or in an informal way by talking with staff. We checked the number and sort of accidents and incidents that had occurred in the last 12 months. They had been fully documented and actions put in place to reduce the risk of a further accident occurring.

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

We spoke with six people in who lived in the home about their experiences. People we spoke with gave an overall positive view about the care and support they received. One person told us "I have lived here for over nine years now. There is nothing they could improve on. All the staff are wonderful and they will all go the extra mile to make sure we are well looked after." Another person commented "We are very well looked after. Staff are all very good, even the young ones. When they are busy, you sometimes have to wait a bit longer, but mostly they come quickly if you need them." We heard from one visiting relative, how they were kept fully informed of any changing needs and they told us "I am very happy with the care here. I know my relative is being very well cared for."

Some people were unable to give an informed view due to their dementia type illness. We spent time observing how staff supported people. We saw staff provided care and support in a kind and respectful way. Staff interacted with people throughout the day, not just when completing a task. One person told us "Even when staff are busy, they take the time to talk to me and ask how I am. This is very important to me."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw for example, from the four care plans we looked at, care plans had been developed from an initial assessment, talking with the person and where appropriate with their family members. Plans included what staff should do to ensure people's personal, health and emotional needs were being met. A new document had been recently introduced called 'key to me' which included all the things which were important to the person, including key people, likes, dislikes and preferred routines for daily living. For example we saw for one person clear details about how the person liked to be dressed, all the important people in their lives and what things they enjoyed and made them happy.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw plans included risk assessments for all aspects of

personal care and health care such as safe moving and handling. Plans gave staff details about what the person could do for themselves and what they needed assistance with. In the section for safe moving and mobility the plan told staff, what specialist equipment was needed and how many staff were required to support the person to move safely. We saw people's skin had been assessed for risk of pressure damage. Where this risk had been identified, the plan included what equipment should be used to minimise the risk, such as pressure relieving cushions and mattresses. People who were assessed as being at risk from poor nutrition, were closely monitored and supported to have high calorie diets and be weighed on a weekly basis. We saw some people had been referred to their GP and had supplementary drinks when a risk to their well-being was identified.

We looked at the record of accidents relating to people living at the service over the last 12 months. We saw detailed records were kept about accidents and incidents and what actions had been taken to prevent further accidents occurring. The manager told us they have detailed handover meetings so any risks or accidents which have occurred are discussed with care staff. We sat in on a handover meeting and heard each person's care and support needs being discussed. Staff were asked to monitor for additional identified needs, such as making sure someone had help to have additional fluids. This meant staff were kept up to date with people's needs and how to meet them.

There were arrangements in place to deal with foreseeable emergencies. We saw for example, care files included people's family and next of kin contacts in case of an emergency. People had been asked for their wishes for end of life care and if known, this was recorded.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We received some information of concern which indicated there may not always be sufficient staff to meet the needs of people living at the home. People we spoke with on the day of the inspection spoke highly about the staffs' skills and abilities. One person told us "Staff are excellent, you couldn't ask for better." Two people told us they sometimes had to wait longer "than they would like" for staff to answer call bells. We asked the manager if their call bell system could monitor the length of time calls were answered in, but was told they could not do this electronically. The manager did say she and the assistant manager frequently worked with staff during shifts and was able to monitor the call bells being answered on a daily basis, and had not found this to be an issue.

We saw the staffing rota included nine care staff each morning shift, plus the manager and assistant manager, who also provided care and support to people. The home also had 3 kitchen staff, a laundry person and housekeeper for cleaning. There were also two activities coordinators who worked from 8.30 to 5pm from Monday to Saturday. This meant that care staff were able to focus on providing personal care and support to people.

During the afternoon there were seven care staff, and four waking night staff to cover over the night time period. We asked nine staff members if they felt the current staffing levels were sufficient for the number and needs of people they cared for. All nine staff said the staffing levels were sufficient and they covered for sickness and leave so there were few gaps in the rota. We heard how the service use a dependency tool to assess people's dependency needs and what staffing levels were needed to meet these needs. Staff told us they were given opportunities for training and felt they were supported to do their job. We concluded there were enough qualified, skilled and experienced staff to meet people's needs.

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.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We had received some information of concern which indicated a formal complaint may not not been taken seriously. We asked to look at records relating to any complaints. We saw information and records detailing how the service had dealt with complaint issues. We saw relatives had been communicated to via letters and email, with details of how the service had investigated the complaint. We also saw relatives had been invited into the home to have a meeting to discuss their concerns, although this offer had not always be taken up. We concluded people's complaints were fully investigated and resolved, where possible, to their satisfaction. The provider may wish to note this information is not kept in one place, so trends or themes may be identified to pick up.

We asked people living at the home if they felt able to raise any concerns. One person said they would feel "uncomfortable" making a formal complaint, but went on to say "I really have nothing to complain about, staff are very good." Another person told us they would be happy to talk through any concerns with the manager and regularly did so. We saw the service had a complaints process which could be provided in different formats for people, large print for example. A copy was included in the home's service user guide and information given to people when they first moved in.

We heard from the manager how they used surveys to ask people for their views about how the service was being run. They also produced a monthly newsletter to keep people informed about planned events and welcomed suggestions for new ideas. People were given support by the provider to make a comment or complaint where they needed assistance.

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.

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