

Knightingale Care Limited

Eastwood House Care Home

Inspection report

Eastwood House
Doncaster Road
Rotherham
South Yorkshire
S65 2BL

Tel: 01709363093

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eastwood House is a care home providing accommodation and personal care. It can accommodate up to 37 people. At the time of our inspection there were 32 people using the service. Some people were living with dementia.

People's experience of using this service and what we found

Since our last inspection we found systems and processes to monitor and improve the home had been reviewed to ensure improvements were identified and acted on.

People told us they felt happy and safe living at the home. Risks associated with people's care had been identified and managed to keep people safe.

People were safeguarded from the risk of abuse and systems in place helped to protect people. During our inspection we found sufficient staff available to support people. We also viewed the providers dependency tool which was used to help calculate the number of staff required.

Recruitment had been carried out safely and in line with the providers recruitment policy. People received their medicines as prescribed. Accidents and incidents were being monitored and action taken when things went wrong.

People were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Person centred care was promoted by the management team and staff. Staff were promoting people to be independent and involved in their care. Care plans clearly included information which was personal to each person.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 March 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to fire safety and environmental concerns. As a result, we undertook a

focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastwood on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eastwood House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Eastwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eastwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 3 relatives about their experience of the care provided. We spoke with 7 staff including the registered manager, deputy manager and care staff. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 3 people's care records, medication records and daily care records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found risks relating to the welfare of people were not effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks in relation to people's care and support had been identified and actions taken to mitigate risks.
- Care plans contained explanations of control measures for staff to follow to keep people safe.
- People told us they felt safe and received their care and support in a safe way. One relative said, "It is very good here. [Relative] would not be here if it was not safe and [relative] would say."

Preventing and controlling infection

At our last inspection we found the provider had failed to ensure infection, prevention and control policies and procedures were followed. This was a breach of regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain relationships with family and friends who were free to visit the home.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- Staff told us they knew how to recognise and report abuse and confirmed the registered manager took appropriate action to keep people safe.
- People told us they felt safe living at the home. One person said, "I feel safe, and I enjoy living here [Eastwood House]." Another person said, "I feel safe and well looked after."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely and had pre-employment checks to determine their suitability for employment.
- The management team had a system in place to determine the number of staff required to meet people's needs on a daily basis. We observed there were enough staff available to respond to people in a timely way.
- People and their relatives told us there were enough staff. One person said, "There are enough staff. They [staff] ask me if I'm alright and talk to me." A relative said, "There are a lot of staff around. They [service] have good staff, they [staff] are friendly and know what they are doing."

Using medicines safely

- People received their medicines as prescribed, by staff who were trained and supported to administer medicines safely.
- Some people were prescribed medicines on an as and when required basis, often known as PRN. We saw protocols were in place to guide staff about when these medicines were required.
- Staff told us they received training in the safe administration of medicines and their competencies were assessed regularly.

Learning lessons when things go wrong

- The management team kept a record of accidents and incidents and used this information to identify trends and patterns.
- The management team completed an analysis which identified lessons learned and actions to take to mitigate future incidents.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care.

At our last inspection we identified a lack of person centred care, leadership, engagement, and ineffective management systems. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection the provider had improved quality monitoring systems. We found audits were now effective in identifying areas of concern and timely action had been taken to resolve issues.
- People received care and support from a team of staff who were dedicated to providing person centred care.
- People told us they knew the management team and were confident they could raise concerns if they needed to. One person said, "I know the manager she is approachable no problem. I would recommend it here. It's a happy atmosphere."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood and acted on the duty of candour and were open and honest when things went wrong.
- Statutory notifications had been reported to CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place to ensure people and their relatives and staff could voice their opinions.
- The provider carried out an annual survey to ask for feedback about the service. We saw actions were taken to improve the home based on the feedback received.
- Regular meetings with people, relatives and staff ensured feedback was sought on a frequent basis. Meetings were also used to inform and consult with people.

Working in partnership with others

- The registered manager had engaged with healthcare professionals. We found that advice was sought when people's needs changed.