Care Quality Commission

Eastbury House (Sherborne) Limited
INS1-1727255469

Eastbury House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was unannounced and took place on the 14 July 2015 with a further visit on 20 July 2015. Eastbury House, situated close the local town centre, provides personal care and accommodation for up to 20 older people. This includes a service for up to three people in detached accommodation next to the main house. The service does not provide nursing care. At the time of our inspection the service was full.

The service had a registered manager supported by two deputy managers and the service's training officer. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and Associated Regulations about how the service is run.

There was a welcoming, homely and friendly atmosphere in the home. Visitors were greeted warmly and the owner or a member of staff was usually around the entrance and hall area during the daytime to greet or guide people as they came downstairs. One visitor told us, "this is a wonderful place, the care is fantastic."

Summary of findings

People moved freely around indoors and some walked regularly outside into the spacious garden. People were encouraged to follow their interests either individually or in small groups. There was a programme which gave opportunities for planned activities however we saw that people also made their own arrangements and plans either individually or in twos or threes. Some people spent most of their time in their own room, told us they were comforted by their own routine and were visited by members of staff throughout the day.

The service prided itself on strong links with the local community including relationships with local shops and community services and used these to develop opportunities for people to participate in community life or for visitors to the home. One person told us they particularly enjoyed the freedom to go wherever they wanted. Another person told us, "if you have had enough of managing everything on your own, this is the ideal place to be." We observed lots of positive and warm interactions between people and staff throughout the day. People were relaxed and friendly with each other, often demonstrating concern and empathy with others. People went out of their way to tell us that they enjoyed living in the home and the comfort this gave them.

Care plans were personalised and accurately reflected people's care and support needs. There was a strong ethos of respect by the service for people's expressed preferences and lifestyle. We saw staff took time to find out about people's choices and adapted the service to meet these. For example, arrangements were made for some people to dine in the kitchen as this was their preference.

People were supported by an established, motivated and trained care team. One person told us, "getting to know new carers can be up and down but I tell them how I like things and they listen." Staff were busy however had time to spend chatting and laughing with people. Senior staff were seen prioritising talking with people and supporting staff. The owner took an active leadership role within the home, promoting values of compassion and respect for people. Both the owner and members of staff we spoke with expressed the determination that people should not have to sacrifice their autonomy or their right to take risks just because they needed assistance. Everyone we spoke with praised the kindness and attentiveness of staff. One person told us, "I like all the staff here, they are very kind".

Summary of findings

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

People received a safe service. The service used risk assessments to balance choice and safety for each individual, promoting autonomy and independence.

Any risks associated with the premises had been mitigated and the home was clean and hygienic, as was equipment used by people.

Medicines were handled safely.

There was a culture of open questioning of staff by people and staff were trained in and understood safeguarding.

The home was well staffed.

Is the service effective?

Good

People were encouraged to express their individuality and to have a purposeful life. The service was organised around the needs of individuals and well trained staff were deployed effectively.

There was a culture of learning and this was clearly linked to the needs of people using the service.

Food was presented well and people were offered choice. There was a good understanding by staff about nutrition and any special dietary requirements were met.

The Mental Capacity Act 2005 was understood and used to govern practice in the home and determine if decisions needed to be made in people's best interests.

Is the service caring?

Good

People were treated with dignity and respect. People expressed their appreciation of the kindness and attentiveness of staff.

People's backgrounds, special memories and events were remembered and celebrated.

Is the service responsive?

Good

The service was responsive. Staff got to know people and used this knowledge to ensure care was delivered in accordance with people's individual preferences and needs.

People were enabled to participate in activities that were based upon their wishes and interests and what had been observed by staff to be beneficial.

People were supported to be part of their local community which helped to promote a sense of wellbeing.

Staff sought people's feedback about the care and this was used to improve people's care.

Is the service well-led?

Good

An effective, caring, safe and responsive service was provided. A culture of dignity, respect and on going improvement was championed by the owner and senior staff.

Summary of findings

A system was in place to identify shortfalls and these were addressed through on going investment in staff, premises and activities.

The service was well respected by external agencies who were regularly involved with the service.

Eastbury House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

A single inspector carried out an unannounced inspection on 14 and 20 July 2015. Before the inspection we requested and received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at a contract monitoring report which was produced by the local authority following their visit in March 2015. We looked at all other notifications about the service.

During the inspection we spoke with 10 people who used the service, one friend and one relative who were visiting, seven members of care staff, an activities coordinator, the owner, registered manager, deputy manager, one health professional and a hairdressing professional who regularly visited the service. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included three care plans, four staff files, three Medication Administration Records, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

People all told us they felt safe in the home and would know where to go if they had any concerns. The registered manager emphasised the open culture and 'open door' policy of the service in their provider information return. We observed this practice in the home. For example, we observed people often approached staff with questions or comments and received an immediate response. The owner told us they strongly promoted the value of safety within the service as they believed this was fundamental to people's quality of life. They told us this was linked to having a stable staff team delivering the service, who had got to know people and develop trusting relationships. One person told us they valued the security of knowing the care staff who were on duty at night, as this helped them feel safe. There was a policy and procedure relating to safeguarding and all staff had up to date training in this topic with refresher training dates booked. Staff were able to tell us how they would identify signs and symptoms of abuse and what they would do about this.

People told us they liked the building and the homely feel of the service. The building was listed and very old, had a number of internal steps and the floor was uneven in places, reflecting the age of the house. This presented potential hazards for people's safety, especially their mobility. Some people used mobility equipment such as scooters, wheelchairs, stand aids or hoists. We observed that staff ensured these were kept clear of the narrow corridors when not in use. The service's statement of purpose included a full accessibility statement which gave clear information to people who used the service and their families about the design and relevant features of the building. The owner told us that they ensured people considering a place in the home and their representatives were made aware of the layout of the building before making any decisions. A central log of falls and incidents showed relatively few falls or injuries to people. Where there had been any incidents a form was completed giving details about this on each individual care file.

People benefitted from access to fully assisted modernised facilities for bathing or showering. A stair lift was in place which was regularly serviced for access to the second floor if needed. The fire risk assessment was up to date and designated staff were trained and acted as fire marshals. Each person had an evacuation plan in place appropriate for their needs. We saw there was regular testing of fire alarms.

There were detailed policies and procedures for managing risk within an ethos of promoting people's autonomy and freedom wherever possible. Risk assessments had been completed on an individual basis for each person's care plan which had been discussed with them. For example one person wanted their dog to accompany them into the home and this was considered in line with the service's policy on pets, any associated risks as well as the wishes of other people. People told us they were happy about having the pet and we observed the pleasure this gave them.

Risks considered for individuals included areas such as mobility, skin care, diet and nutrition and memory impairment. Some risk management plans included the use of specific observations, for example, of how much people ate or drank. This monitoring information was used to manage the risk of malnutrition or dehydration, by alerting staff when to take action. The registered manager told us they were in the process of updating all care plans to ensure records relating to personal care were appropriately detailed, filed and up to date and that historical or out of date information was archived. We saw examples of some people's care files where this had been done. This helped to ensure staff had the right information and guidance to manage and reduce risk for each individual.

Where people needed support with mobility, there were staff available to assist or ensure the right aids were used. For example, we saw one person unsteady on their feet who walked out in the garden regularly. Staff had made an assessment of the risk of falls and guidance was written in the person's care plan about how the likelihood of falls could be reduced. The person was supported to have two sticks which we saw them using, to enable them to move around with minimum restriction. We also saw they received a level of supervision from staff as set out in the care plan.

People benefitted from enough staff being available to meet their needs and promote their wellbeing. As well as three care staff on duty at any time, there were support staff available throughout the week day in catering, housekeeping, administrative and handyperson roles. We observed the presence of senior staff where people

Good

Is the service safe?

received care and support who also gave assistance as needed. There were two part time dedicated members of staff supporting an activities and outings programme over seven days of the week. Staff told us although it was busy at times; they felt there enough staff to provide the service. One person who lived in the detached accommodation told us they used the call bell to call for assistance and received attention 'almost immediately'.

Staff were recruited safely. Checks on staff records showed that a process was followed by the service for recruiting, selecting and appointing staff. This included application form, interview and checks on previous employment history. The service had also made checks with the Disclosure and Barring Service in respect of individuals.

The home was clean and pleasant and equipment such as hoists and walking aids, used by people was clean. Dates relating to the hygienic maintenance of personal medical equipment were tracked on individual care plans. There were simple to follow policies and procedures in relation to infection control. There were appropriate arrangements for the hygienic management of laundry and hand washing facilities throughout the building. All staff working in the kitchen had received training in food hygiene and infection control. Staff demonstrated understanding of infection control and what measures they were responsible for carrying out, such as the use of personal protective equipment and hand washing. This helped to ensure the service reduced the risk of infections.

Medicines were handled safely. People were supported to manage their own medicines in accordance with their wishes or receive full assistance with this. Appropriate consent forms were in place in the five care files we looked at. The service worked closely with external healthcare professionals in relation to people's medicines and treatment. People's prescription was set out on an individual medicines administrations record (MAR) for staff to sign each time medicines were administered. Medicines were stored securely. The service's lead for medicines told us they were working with the local pharmacy which they used for dispensation and delivery to continually improve medicines management. The pharmacy last carried out a check visit in April 2015. Arrangements for storage of stock were satisfactory; the deputy manager told us storage was in the process of being relocated to a quieter place so stock checks could be carried out more easily. Guidelines were in place for the use of homely remedies. Medicines training was given to all staff and errors were detected by audit. Where there had been an error, a reporting process was in place to learn from these mistakes.

Good

Is the service effective?

Our findings

Staff and managers knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. One health professional told us, "this is one of best care homes I go to, the care is good and there is a very positive feeling in the home."

People were cared for by well trained staff. We inspected the home's training matrix used to manage the training needs of the staff team. We compared the information in the training matrix with the certificates available in the four staff files we inspected. The training matrix accurately

recorded details of the training staff completed. These records showed all staff had completed training in relation to the safeguarding of adults, moving and handling, infection control, handling of medicines, health and safety, First aid and food hygiene.

Staff were supported to achieve nationally recognised qualifications at various levels. Some staff had received additional training in a variety of topics including the Mental Capacity Act, specific conditions such as Parkinson's, Diabetes, challenging behaviour and equality and diversity. 10 out of 40 members of staff had completed nationally recognised additional training modules in dementia and were awaiting certification for this. A large proportion of training was delivered on a face to face basis by the retired deputy manager who was a trained nurse and knew people well. This helped to ensure the training was linked to the needs of people using the service. Staff told us, "we have training all the time" and "you do genuinely learn something every time." Some staff told us they appreciated the opportunity to do online training as they could more easily fit this around their commitments.

There was a strong focus on end of life care and all staff had received some form of training in this area, including six staff awaiting certification for formal units of training carried out in conjunction with the local hospice. The service was awarded beacon status in March 2015 in the Gold Standards Framework- a recognised accreditation scheme for end of life care. The assessor for the scheme described in their report, 'high quality care of their people at all stages of their lives, but especially in the final days where they continue to provide dignified and compassionate care with extremely high levels of involvement from the residents and families wherever possible'.

Staff felt supported and this was reflected in their comments to us and in the relatively low turnover of staff. Staff told us they felt supported. Supervisions and appraisals were carried out by managers in line with the provider's own policy. Staffing rotas were worked out three weeks in advance and three of the staff we spoke with told us how their individual commitments were respected and the managers tried to work around this. New members of staff received a formal induction into the service including face to face training and an opportunity to shadow staff before working alone. Two members of staff of staff told us how they also had the opportunity to read the policies and procedures and were issued with staff handbooks with key information. The training officer was aware of the requirements of the new care certificate which replaced current social care induction programmes. They told us the trainer employed by the service was 'helping us develop our training programme to meet the new qualification'.

The service had recently provided work experience opportunities to two young adults from the local community. We saw these opportunities were well managed and designed to provide young people with an appropriate work experience in the care sector while ensuring the safety of people at the service.

People's consent to care and treatment was sought in line with legislation. Nearly all people in the home had capacity to make decisions. The registered manager and other managers we spoke with had a good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment.

There were generally no restrictive practices within the home and we observed people moving freely around the building and garden and some people leaving the service to visit local shops and cafes. People chose how to spend their time. We observed people chatting together and with staff and visitors in the dining room and lounges. However

Good

Is the service effective?

there were best interest decisions to reflect that some people had variable mental capacity and could not always give their informed consent to measures considered important for their safety or wellbeing. For example, these related to a pressure mat put next to one person's bed to alert staff to their movement, so they could receive timely assistance; and a minor restriction of someone's diet due to health risks.

People were well supported by staff during mealtimes. Most people ate independently. Meals were served promptly and where people required. The atmosphere in the dining room was pleasant and sociable and meals were delivered in the style of a good quality restaurant. People could choose to eat in the dining room; some people chose to eat in their room and some people choose to eat in the kitchen. One person told us this was where they felt comfortable. The cook had been provided with specific guidance on people's dietary requirements. People selected their lunch choice from a menu brought round to them each morning. The owner demonstrated a passion and commitment to providing good quality food and drink for people and finding out what each person enjoyed. We observed that fresh vegetables were used in the meals. People told us the food was "really good". One person told us, "it is served with a smile." People were offered a choice of beverages at lunch which included beer and wine. We saw water and other drinks were served regularly throughout the day.

People had access to healthcare as required. The Gold Standards Framework accreditation report from March 2015 stated 'Evidence seen of excellent collaborative relationships with GPs, district nurses and the hospice palliative care team". From looking at people's individual records we saw service worked with several doctors surgeries as the owner told us people were encouraged to keep their own GP wherever possible. Care records detailed professional involvements such as the community nurse and demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. The care files and communication book showed senior staff had made appropriate referrals to health professionals including GPs, district nurses, dentist and speech and language therapists. The home had followed expert guidance when provided and had maintained records in relation to the effects of treatment interventions at the request of clinical professionals.

The home was well maintained and arranged in a homely way for the comfort of people and to minimise the feel of an institution. For example, the office base where staff completed notes or forms was situated in a pleasant study/ dining area with open access by people. The only noticeable signs were for one person who needed visual prompts for their room and a sign with a statement of the philosophy of care in the home. The maintenance person at the time of inspection was working to improve the external driveway access and we saw that gardens were accessible and well maintained.

Good

Is the service caring?

Our findings

People told us they were treated with respect and kindness and that staff took time to get to know them. One person told us how a member of care staff brought them something personal back from their holiday and this made them feel special. Another person told us how their birthday had been celebrated in a way that made them feel a lot of thought had gone into it by the owner and staff. Many of the staff were told us how much they had enjoyed helping the person celebrate their birthday. Another person told us about the owner, "they always remember everyone's birthday here and you are treated as an individual." When we asked one member of staff how they helped develop trusting relationships they told us, "you have to know what that person likes, for example, some people like a cuddle to reassure them. Other people just like to have a chat." One person told us how they were assisted in their personal care when they needed and treated with dignity during this. "They make sure I am comfortable and always ask me how I am and if I want the help before they start."

People's privacy was respected. As we looked around the home we observed staff always knocked before entering people's rooms, waited for a response and closed the door behind them if offering any personal care. Discussions with people were held discreetly, if it was a personal conversation when in communal areas, with staff making sure they approached people to listen rather than speaking across others.

We observed throughout our inspection that there was a culture of enabling people to remain independent, whilst having appropriate consideration for risk factors, and to have a sense of enjoyment and fun. Conversations were heard throughout the day about people's recent experiences or looked forward to events or memories evoked by certain dates for example. There was a strong sense of connection between the home and the local community. For example, the management team and the staff knew the local area well and often knew about the roles people had occupied in their earlier life. One person was seen sharing their feelings and thoughts in relation to a photo which had special significance for them and people responded with interest and empathy. One member of staff knew the people in the photo and was able to fill in the gaps of information which we saw gave great reassurance to the person. We observed staff communicate with people in a meaningful way, for example remembering things they had been told previously by the person.

People told us they were encouraged to express their own choices. One person told us, "you are completely free here to pursue your own lifestyle and this is what's great." The service adapted itself around people's individual preferences. People told us they could get up, dress or go to bed when they liked. Staff we spoke with confirmed this was the case. The staffing was arranged to reflect people's individual support needs and we observed staff busy throughout the day giving people attention when they needed rather than imposing a routine. We observed people being supported patiently to take part in chair based exercise and how the pace of the activity was set by people taking part and not by the staff.

People had opportunities to express concerns. The service had a professional visitor who offered regular sessions on a one to one basis for anyone who chose to talk through their feelings and concerns. Staff actively sought to understand people's concerns and issues. For example, one person was trying to adapt to the changes in the needs of a close member of their family. We spoke to the person about this and to staff. The person told us they felt supported by the service to deal with this issue. One person told us they had initially struggled to get used to living with other people with various needs and they might have benefitted from more support initially. Staff we spoke to about this showed awareness when we raised this. A senior member of staff told us, "I try to imagine how it is for people living with others and create a homely atmosphere."

Most people had advance care plans which showed that they had been enabled to think through how they would like to be cared of towards the end of life and make a statement about their preferences in relation to this. The service used a discreet coding system to track changes in people's care needs as part of their end of life care in order that care could be tailored effectively to make them as comfortable as possible. We saw compliments and feedback from relatives who praised the care their relatives had received at the end of their life.

Good

Is the service responsive?

Our findings

People's independence was promoted and staff showed they were aware of people's abilities and the level of assistance they required. This was set out in care plans. The registered manager told us they were going through all care plans with people to make sure the information was relevant and up to date and included more detailed information about people's personal care. Care plans were used to help people express their views and what was important to them. The registered manager told us that the care plan had to be a useful document which was produced with the person and their family as much as possible. A member of staff told us how the care plans acted as a guide to meet people's needs and if there were any challenges in meeting people's needs, "we will work with the person and figure it out." Information included noting where people had the ability to do things for themselves, for example, one person although needed help to go to the toilet, it was recorded that they knew when they needed help and would call for assistance. Care plans indicated which people needed support or just a prompt and we observed this being given. There were visits to the home for services such as chiropody or dental treatment however staff told us people were also assisted to go out for these services if they wanted. If people needed hairdressing services, this was arranged either though a well-established visiting service or some people chose to go to a local service in the town.

The service for people was allocated to smaller groups of staff within the home in order to provide consistency and responsiveness through the day for each person. A key worker was allocated for each person. Staff expressed sensitivity about people's experiences and the registered manager showed us examples of where some people had started to complete biographies, encouraged or supported by staff. They told us this helped the service to be person centred as people were given the opportunities to talk about what was important to them and what had influenced them.

Staff noted that some people benefitted from the stimulation provided by quizzes or other word games as shown in their conversation and alertness, perhaps more than going out. This knowledge was used to adapt the activities programme accordingly or to provide one to one activities such as chess, dominoes or scrabble. One member of staff told us they had been concerned about the time spent alone by one person however when they had spoken to the family, they told them the person had always tended to spend a lot of time alone. When we spoke with the person they told us this was their preference and they were glad this was respected.

Information was shared effectively between staff. Two members of staff told us about the arrangements for handover between shifts. They told us this helped them to provide and responsive and consistent service to people. There were clear polices and processes for involving external professional as needed and we saw that people were involved in these decisions.

The service sought the views and feedback of people and their family about the service. A formal annual survey was conducted. We looked at the results from the last survey dated November 2014 where 35 questionnaires were sent out and 16 Reponses received. Responses included feedback from professionals as well as people who used the service. The results had been analysed by the service and areas highlighted where improvements needed to made. Particularly positive responses were evident in the areas of staff attitude, choice and cleanliness and homeliness of communal areas, with people ticking 'excellent' or 'very good'. Feedback was acted upon, for example, missing laundry had been raised as an issue. When we visited the laundry we saw that there were clear labelling arrangements for each person clothing to minimise items getting lost as part of a 'complete overhaul' of laundry which had taken place described to us by a member of staff. Some people had asked for more outings and time to chat with staff. We saw the staffing for activities had been increased and included several outings a week. One complaint has been recorded in the last year. The issues raised were followed up by the service and the registered manager told us that they had reviewed the training in the area of dementia care in particular after recognising there were some gaps in this area. We saw that the owner had written a detailed letter of apology to the family.

Good

Is the service well-led?

Our findings

People and staff consistently spoke about the happy and pleasant atmosphere within the home. Members of staff who had worked for the service over several years spoke positively their experience of working at the home and this was why they stayed. One member of staff told us how they gained the satisfaction of providing a good service within a caring environment. The culture of the service was open and caring and fully focused on people's individual needs. Staff did not wear uniforms and it was stated by the registered manager and owner that this helped to minimise the feel of an institution and of 'them and us' and maximise the feel of a home. Staff with told us they liked this aspect of the service. All appeared dressed smartly in accordance with the written dress code policy. One person told us, "you really couldn't pick a better place to spend your days."

The service was led by an active and committed owner together with a management team consisting of the registered manager and two deputies who all spoke about their passion to create a home from home for each person to live their life in the way they chose. The service strived to improve quality as evidenced in the beacon status received in the Gold standards end of life care framework. The service's management team had developed links with local provider associations, local colleges and schools, local health services and individual trainers to contribute to driving up quality. Feedback in the annual survey from healthcare professionals was very positive about the service. Agency staff were rarely used and where they had been deployed in the last year, we saw this was managed carefully to avoid disruption to the service.

The management team each expressed the wish for staff to receive as much face to face training as possible and spoke about the on-going challenge of retaining a stable and skilled workforce. The owner was registered with the national skills for care council as an ambassador, as part of a programme which helps front line staff promote the positive aspects of working in social care and reduce staff vacancies.

The service was governed by a detailed and thoughtful set of policies and procedures which had been developed over time to address each area of life at the home. These were easily accessible for staff and there was a handbook for each staff with key polices. All were up to date with a date for review. There was a clear statement about the involvement of families and friends in the service. The policy stated that the service viewed them as 'partners in care'. A relative we spoke with told they were happy with the way the service always kept them up to date in their relatives care and involved them in the service.

The service carried out checks of quality and safety in relation to the premises and maintenance, fire safety through to aspects of the personal care of the service, including medicines, care plans and cleanliness. Where gaps had been identified in cleanliness the service was in the process of recruiting an extra member of staff to assist in this area. Checks were carried out on equipment and there was a log of checks and when they had to be completed which we saw was up to date. Where improvements were identified plans were put in place to make these. For example, where the medicines checks had found areas for improvements we found this was being addressed at the time of inspection.