HC-One Beamish Limited

Eastbourne 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

Summary of findings

Overall summary

This inspection took place on 21 and 26 June 2018. The first day of the inspection was unannounced.

Eastbourne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Eastbourne House accommodates 72 people with personal care needs across three floors in one purpose built building. Some of the people were living with dementia. On the day of our inspection there were 72 people using the service.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in September 2015 and rated the service as 'Good'. At this inspection we found the service remained 'Good'.

People told us they felt safe Eastbourne House. There were sufficient numbers of staff on duty to keep people safe. There was an effective recruitment and selection procedure in place and relevant vetting checks were carried out. Staff were suitably trained and received regular supervisions and appraisals.

Accidents and incidents were appropriately recorded and risk assessments were in place. Safeguarding procedures had been correctly followed and staff had been trained in safeguarding vulnerable adults.

The home was clean, spacious and suitable for the people who used the service. Health and safety checks were carried out to ensure people lived in a safe environment.

Appropriate arrangements were in place for the safe administration and storage of medicines.

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

People were supported with their dietary needs and care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Eastbourne House. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were protected from social isolation. Person-centred activities were arranged and people were supported to take part in group events and excursions.

The provider had an effective complaints procedure in place, and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service improved to Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Eastbourne 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.

Inspection site visit activity started on 21 June 2018 and ended on 26 June 2018. It included visits to the care home on both dates to speak with the registered manager and staff, carry out observations, and to review care records and policies and procedures. Two adult social care inspectors formed the inspection team.

During our inspection we spoke with seven people who used the service and nine family members and visitors. In addition to the registered manager, we also spoke with the deputy manager, head of service, activities coordinator, maintenance staff, three care staff and a visiting health care professional. We looked at the care records of four people who used the service and the personnel files for four members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used the 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.

Good

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe. People who used the service told us, "Yes I feel safe here, they take good care" and "Very safe."

We discussed staffing with the registered manager and looked at staff rotas. The registered manager told us they did not use agency staff and any absences were covered by their own permanent staff or bank staff. People, family members and staff we spoke with did not raise any concerns about staffing levels.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

We found safeguarding procedures had been correctly followed. Referrals had been appropriately submitted to the local authority and CQC had been notified where necessary. Staff had been trained in how to protect vulnerable people and staff we spoke with demonstrated a good understanding of the provider's safeguarding procedures.

Accidents and incidents were appropriately recorded and investigated to identify any trends. Where lessons could be learned from accidents and incidents, these were discussed in individual staff supervisions and team meetings.

Risk assessments were in place for people who used the service. These described the risks to people and staff and the action to be taken to reduce the risk.

The home was clean and regular infection control audits were carried out. Health and safety audits were carried out to ensure people were living in a safe environment. Where issues had been identified, an action plan was in place. We checked a sample of recent actions and found they had been completed. Health and safety checks included fire safety checks, premises and equipment servicing, and maintenance checks. Records we saw were up to date. The service had an emergency contingency plan in place. Personal emergency evacuation plans (PEEPs) were completed for people and a 'grab and go bag' was kept in the reception area in the event of fire, and checked on a weekly basis.

Some recent hot water temperatures were slightly higher than the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). We discussed this with the registered manager who informed maintenance staff to action.

The deputy manager demonstrated the electronic system that was in place for the management of medicines. We observed a medicines round and viewed medicines recording and storage. We found appropriate arrangements continued to be in place for the safe administration and storage of medicines.

Good

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. Family members told us, "He's very well looked after. Staff have managed his dietary needs really well", "They are very good here. Staff are good. They are proactive about ringing the doctor" and "The seniors are always on the ball in terms of medical care."

Staff were supported in their role and mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. New staff completed an induction to the service. One staff member told us, "I found induction mind-blowing, I was well supported by my mentor."

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans. The registered manager told us new admissions to the home were provided with a 'Welcome to our home pack' and met by a 'resident liaison' who assisted people to move into the home and dealt with any issues they may have.

People were supported with their dietary needs and appropriate guidance had been sought from dietitians where required. We observed the lunch time meal and saw people were offered choices of drinks and meals. One person was very wander some and staff encouraged and tried to distract them to eat. One staff member stated to another they would keep some food aside and offer this later when the person may be more settled. The head of service told us people were asked for comments following every meal and these were fed back to the chef. Themed meals and events regularly took place and family members were encouraged to attend. People and family members we spoke with were complimentary about the food at the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met.

Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date.

Hospital passports were completed for each person who used the service. These provided hospital staff with important information about people's needs and preferences. Care records contained evidence of involvement from health and social care professionals such as GPs, community nurses, occupational therapists, dietitians and speech and language therapists.

On the floor dedicated to people with memory conditions, we saw the service had ensured the environment helped people orientate themselves and provided good stimulation. For example, there were colour

identifiable doors, tactile displays and a good menu display using large photographs. We also saw the outside accessible balconies had been planted with flowers that were edible, thereby ensuring people's safety.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. Family members told us, "They support [name]'s privacy" and "The care is excellent." Examples of compliments received by the service included, "They treat [name] with dignity and respect" and "From the moment you walk into Eastbourne House you are greeted with warmth."

We saw and heard many examples of the caring nature of the service. For example, one person who used the service liked to help the registered manager so they had been given their own name badge and enjoyed sitting in the foyer with an electronic tablet. The activities coordinator told us about how two people who used the service had met many years ago at a local ballroom. The ballroom was in the process of being renovated and the activities coordinator had acquired tickets for the opening ceremony so the couple and some of the other people who used the service could visit and reminisce.

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. Care records described how people wanted staff to respect their privacy and maintain their dignity. For example, "[Name] is a very proud man and likes to dress smartly" and "Ensure that [name]'s dignity is maintained at all times." We observed staff knocking on bedroom doors and asking permission before entering people's rooms.

People were supported to be as independent as possible, such as with personal care needs, mobility, and eating and drinking. Care records described what people could do for themselves and what they required support with. For example, "[Name] does wish to be as independent as possible, although he understands he may need assistance at times", "[Name] likes to have a shower every morning and requires the assistance of one carer" and "[Name] is able to independently mobilise from place to place with support from his [walking frame]."

People's preferences and choices were clearly documented in their care records. For example, their preferred name, whether they preferred male or female staff to carry out their personal care, and whether they wanted their own key for their bedroom.

Communication support plans described people's needs, preferences and views regarding their communication. For example, whether they were able to communicate verbally, whether they used any glasses or hearing aids, and what support they required from staff. We saw one person spoke in a very soft voice and staff were reminded to ensure they were close to them when having a conversation.

We saw that records were kept securely when not in use. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found people's care records were not always appropriately maintained and awarded a rating of Requires Improvement. At this inspection, we found care records were appropriately maintained, accurate and up to date. These included support plans, risk assessments, daily notes, charts and other tools such as pressure monitoring, malnutrition screening, weights records and risk of falls.

Care records were person centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Each person's care record included important information about the person, such as family history, things they enjoyed doing and their personal care needs. We saw these had been written in consultation with the person who used the service and their family members. People and family members told us they had been involved in care planning.

Support plans were in place and described each person's individual needs and what actions were required from staff. For example, one person's support plan described how there were at risk of skin breakdown. The support plan clearly described the actions staff were to take, including regular monitoring to be carried out, use of pressure relieving equipment and cream, and regular positional changes.

Where conversations had taken place, people's end of life wishes were recorded. These included information on the level of intervention the person wanted, their preferred place of care, who they wanted to be contacted and funeral plans. The registered manager told us they provided an overnight bag of toiletries to any family member who wished to stay overnight with their relative. We saw correspondence from family members thanking the service for the way they supported their relatives during their end of life.

We found the provider protected people from social isolation. Activities notice boards were on each floor of the home that listed the activities and events for the week ahead. A daily newsletter was produced that listed the activities that were taking place that day. We spoke with one of the activities coordinators who told us how they developed specific, person-centred activity plans based on people's likes and interests. They gave an example of a person who liked classic cars and had found a local car museum to take them to. Other people had been taught how to use electronic tablets and had taken part in virtual reality sessions where they could go on virtual trips experience images from the past. The activities coordinator showed us photographs of events that had taken place at the home and told us, "It makes it all worthwhile."

The activities coordinator told us about the 'Three wishes' initiative, where people were asked to think about what they would like to do. They told us how one person had asked for a specific meal. Whilst on holiday, the activities coordinator had bought the food the person wanted and made arrangements with the home's kitchen staff to prepare the meal for them.

The provider had an effective complaints policy and procedure in place. Where complaints had been made, we found they had been appropriately actioned and investigated. People and family members we spoke with did not have any complaints but knew how to make a complaint if they had to.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since August 2016. We found the management team to have a strong understanding of the policies and procedures of the service, as well as the ethos, as set out in the statement of purpose.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

People were actively involved in the running of the home. For example, assisting with the interview process for new staff and being involved in quality audits. People and family members provided positive feedback about the registered manager, and how the service was run generally. A family member told us, "The registered manager is very receptive and you can go in and talk with her about anything." The registered manager told us, "I run the service but it's their home."

The service worked well with community partners and a visiting community nurse told us, "The ethos has changed since new ownership [the provider changed ownership in 2016]. There is more care focus and that's positive. There is good leadership and care staff work well with us and follow direction." The service had good links with the local community, including a local school where children visited the home and a local supermarket sponsored the home's fayres.

We looked at the arrangements in place for quality assurance and governance. The provider had a structured approach to governance and quality assurance. The regional director carried out bi-monthly audits and the provider's quality team also visited twice a year. Any areas for improvement were recorded in an action plan that was maintained by the registered manager.

Surveys were provided about the quality of life people experienced living at the service and people also had access to an electronic tablet, which they used to raise an issue, concern or provide a compliment. People and relatives told us about regular meetings with the service's management team. A family member told us, "The registered manager provides information about what's going on and answers queries. We are still waiting from someone from the provider's head office to come and speak with us though as they said they would." The registered manager confirmed that they would escalate this request to the provider's head office. They told us, "I want to make this a better place for the residents. I like to hear from them so I can put in place what they want." A person who used the service told us, "We get a newsletter everyday that's most useful."

The provider had in place a number of initiatives to support and reward staff. Staff we spoke with said they

were kept informed about matters that affected the service by the management team. They told us regular staff meetings took place and that they were encouraged to share their views. We saw records that confirmed this. Staff we spoke with told us the management team were approachable and they felt supported in their roles. One staff member said, "I can ask all the managers about anything."