

Eastwood Court Care Home Service

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Type of inspection: Unannounced
Inspection completed on: 13 February 2018

Service provided by:
Larchwood Care Homes (North) Limited

Service provider number:
SP2011011695

Care service number:
CS2011301138

About the service

This service registered with the Care Inspectorate on 31 October 2011.

Eastwood Court is registered to provide residential and nursing care to 52 older people. The accommodation, which is on three floors, is situated in Giffnock, East Renfrewshire, off street parking is available.

The service's stated commitment is "we will ensure that all residents needs are identified and addressed in a holistic manner on an individual basis. Our approach to care is one that encompasses all physical, social, psychological, emotional and spiritual needs. Residents will be encouraged to exercise their optimum participation in any decision-making affecting their package of care".

What people told us

Inspectors met with 9 residents during this inspection, here are some of the comments made:

"Staff are good".

"Sometimes takes part in activities, good arts and crafts".

"Staff are OK, they are good".

"The staff don't do activities, no exercise or anything, just sit in the sitting room, the TV is always on".

"The TV is on all the time".

"Everyone is very kind, I can get a cup of tea or juice whenever I want".

"You just sit. Do nothing. It's such a long day".

"Could do with additional staff member".

"Don't believe they have fully qualified cook. They are doing their best".

An inspector asked one resident what could be better. They said "to be able to go to the toilet when I need to". An inspector asked how they get the support required to go to the toilet, and was informed "put your hand up, it's how it is".

Self assessment

The service were not asked to complete a self-assessment as part of this inspection.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

Inspectors noted that during this inspection most residents were within the main lounge. The lounge was overcrowded with a shortage of seating at times. Some residents were observed to be sitting in their wheelchairs. Staff informed inspectors that these residents wanted to remain in their wheelchairs. Inspectors noted that residents in wheelchairs were sitting at the edges of seating areas and were not always included as part of the main seating area. One inspector saw two residents in wheelchairs being positioned by staff, in front of other residents with their back to them. Inspectors noted that residents sitting in the lounge were looking passively about, staring at the floor or sleeping. There was a lack of meaningful occupation. Staff informed inspectors that residents had to remain in the lounge as this was where the staff were and there were not enough staff on the upper floors to look after residents. (See requirement 1)

Chairs were positioned so closely together that there was insufficient room for residents to have their walking aids with them, whilst seated. Inspectors saw residents getting up and attempting to mobilise without the use of their walking aids, this increases the risk of residents falling and injuring themselves or others. On many occasions, inspectors saw staff approaching residents, who had got up from their chairs, insisting that they sat back down again, without establishing why they wanted to leave their seats. This practice will lead to the needs of residents not being met and denied them the opportunity to wander around their home, return to their room, access the smaller lounge areas on the upper floors or use the toilet.

Inspectors noticed that residents were having to wait to use the toilet facilities, this was due in part to the large number of residents contained, by staff, within one area. Inspectors heard a staff member telling a resident that there was a big queue for the toilet and then naming all of the people who were in the queue in front of them. Residents were observed by inspectors to be putting their hands up to let staff know that they required the toilet. One inspector saw seven different residents adopt this practice over a short period of time. Staff informed inspectors that this was the residents choice however, one resident informed inspectors that this was what they had to do. Inspectors saw one resident being taken back to their room for personal care and to get changed, due to the outcome of the lack of continence promotion and support provided. Inspectors noted that on one occasion a staff member was seen to stand at the toilet door and hold it ajar, monitoring what was happening in the toilet and the lounge at the same time. This practice undermined the dignity and privacy of the resident, who could be seen sitting on the toilet, by those in the lounge. Inspectors concluded that there was insufficient staff numbers to deal with the requirements of the residents. (See requirement 2)

Inspectors observed staff transferring residents between chairs and wheelchairs, without using the brakes. On one occasion this led to staff trying to support the resident and the wheelchair, on another it led to a staff member rushing to help. This practice will make the residents feel insecure and could lead to falls and injuries.

Inspectors observed some positive exchanges between staff and residents and examples of compassionate care. This was not consistent across the care team, inspectors observed residents being ignored by staff for up to half an hour and then being moved out of their chairs without any communication.

Inspectors noted that at lunch time the dining area was full and very busy. A nurse explained they would normally have some residents, with more complex needs, in the conservatory being supported with food, but the conservatory was being used for staff training so dining space was full. One resident, who had been assessed for a textured diet, did not receive this and as a consequence started to choke on the food they had been given. Staff were heard to discuss that they should not have been given the food that they had.

Staff in the dining area were seen to assist residents and to encourage them with their meals. Overall, the dining experience was positive for most residents, in a pleasant and relaxed environment with tasty food options. (See requirement 3)

Inspectors found that reviews of services and support plans were not up to date. In some care plans, conflicting information was evident. Sometimes the dependency scores recorded, conflicted with the assessments within the care plan and the observations made by inspectors, in terms of resident mobility and independence. Recording charts for weight, fluid and nutrition were not always completed. One care plan recorded that a resident required constant supervision for their own safety and that of other residents. Inspectors saw the resident on numerous occasions without any form of supervision and on two separate occasions displaying the behaviour that placed them at risk of harm. Inspectors are concerned that this failure to review, update and follow care plans, places at risk the overall safety of residents . (See requirement 4, 5 and 6)

Inspectors noted that significant delays were still being experienced in terms of the service obtaining the most appropriate assistance, in the event of residents becoming seriously unwell. This delays the residents opportunity to obtain treatment or relief for their symptoms and conditions. Inspectors spoke with two nurses who gave assurances they would call an emergency ambulance in certain situations, giving examples of a person presenting as acute for example, a broken bone, a heart attack or if a resident on anti-coagulants had fallen. There is a clear protocol for head injuries and this is held in the office, a nurse advised inspectors that staff understanding of this protocol has improved in the last few months. (See requirement 7)

Requirements

Number of requirements: 7

1. The provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users, ensure that at all times suitably qualified and competent persons are appropriately deployed in the care service for the welfare and safety of service users.

This is in order to comply with SSI 2011/210 15(a) Staffing
Time Scales - 1st August 2018

2. The provider must make proper provision for the health, welfare and safety of service users by reviewing continence care plans, to promote a cultural change to positive continence care and ensuring a timeous response to continence requirements. The dignity and privacy of residents must be maintained, by closing the toilet doors when the toilet is in use.

This is in order to comply with SSI 2011/210 4 (1)(a),(b) Welfare of users
Time scale - by 1st June 2018

3. The provider must make proper provision for the health, welfare and safety of service users, by ensuring that residents with specific assessed care needs for textured foods receive appropriately prepared meals, to prevent choking.

This is in order to comply with SSI 2011/210 4 (1) (a) Welfare of users
Time Scales - 1st May 2018

4. The provider must review personal plans at least once in every six-month period whilst the service user is in receipt of the service, and revise the personal plan to reflect any agreed changes. This review must include a review of risk assessments and dependency levels.

This is order to comply with SSI 2011/210 5 (2) (b) (i)(ii)(iii) (c) (d) Personal plans
Time Scales – 1st July 2018

5. The provider must make proper provision for the health, welfare and safety of service users by ensuring food and fluid intake charts are fully completed and accurately reflect individual residents' nutritional intake. Daily fluid intake targets should be recorded.

This is in order to comply with SSI 2011/210 4 (1) (a) Welfare of users
Time Scales – 1st June 2018

6. The provider must make proper provision for the health, welfare and safety of service users by ensuring that staff follow the care plans and in particular the stress and distress plans, to keep residents safe from harm.

This is in order to comply with SSI 2011/210 4 (1) (a) Welfare of users
Time Scales – 1st July 2018

7. The provider must make proper provision for the health, welfare and safety of service users by making such arrangements as are necessary, for the provision to residents of adequate services from any health care professional. Where an emergency ambulance is required, the provider must request this directly by utilising the 999 system and not delay the process by going through other routes.

This is in order to comply with SSI 2011/210 4 (2) Welfare of users
Time scale – by 1st June 2018

Recommendations

Number of recommendations: 0

Grade: 2 – weak

Quality of environment

Findings from the inspection

On an initial walk around the home, inspectors found one bedroom door propped open with a foot stall, another with a table, and another with a chair. Inspectors were concerned over the safety of residents entering and leaving these rooms, with reduced space to do so, with walking aids and the associated trip hazard. A sluice room downstairs was found to be unlocked. Various personal items for example, clothes, shoes and bags, were on a dining room table and the inside of a fridge in the dining room was found to be very dirty. A large domestic trolley, containing equipment, was stored in the bathroom on the 2nd floor.

A staff training event was taking place in the conservatory. The conservatory forms part of the main lounge and is used by residents as a sitting area, a dining area at meal times and for activities. Inspectors observed the poor outcomes for residents, throughout the day, as a result of this reduction in usable space, tables and chairs. Please see quality theme 1 for more information. Inspectors concluded that organisational needs had taken priority over the needs of residents.

Inspectors noted that a large volume of mobility aids were being stored in the corner of the sitting room and dining room area, as well as over-spilling from a cupboard into these areas. These included wheelchairs, walking aids and zimmer frames, further reducing the usable space in the lounge and dining area. One staff member advised that they take these away from those who cannot stand without assistance.

Inspectors saw that pets had been provided, there was a budgie housed in a budgie cage in the corner and also some fish in a small fish tank. Neither were positioned to encourage residents to view, watch or interact with these pets or derive benefit from their therapeutic purpose.

Inspectors noted that the space available to residents was further decreased, when group of staff closed the large doors, blocking off the dining area, whilst they were having their lunch. Inspectors observed three different people had visitors, in the large sitting room. There was no where for them to sit properly so they sat in awkward positions. They were not assisted by staff to use any of the other more private areas available on the upper floors.

In the main lounge there were two large circles of seats back to back with each other. During a morning observation, the inspector noted there was one group at the far end, with a TV on the wall in front of them. The other circle of seats was not formed around anything in particular. The TV was turned up loudly with sub titles on. It was not within viewing or proper hearing distance of most residents seats. There was a group activity offered to the residents sitting at the TV end of the room. The other residents were not invited to join in as they would not be able to clearly identify where the various activity related sounds and noises were coming from, this could increase levels of confusion and anxiety experienced by those individuals.

Inspectors concluded that organisational needs had taken priority over the needs of residents, that the environment was over crowded in the downstairs lounge and the wider environment was not being used to the full, to get the best possible outcomes for residents. Residents were encouraged to remain in their seats and actively discouraged from moving freely around the home, standing up or having any form of exercise. (See requirement 1)

Requirements

Number of requirements: 1

1. The provider must provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them. In order to achieve this the provider must:

- Making all communal areas available for the exclusive use of residents and their visitors.
- Enable free movement around the home where safe to do so or with assistance when this is required.
- Enable, and assist where required, residents to use their rooms and upstairs facilities, as and when they wish to do so.

This is in order to comply with SSI 2011/210 3 Principles

Timescales - By 1st July 2018

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

Findings from the inspection

Some new staff had joined the service since the last inspection and these files were sampled as part of this inspection. Only one set of interview notes were presented in each file. The service informed Inspectors that two interviewers are present and both sign the interview notes. In the recruitment files sampled by inspectors, inspectors only saw the independent views of one interviewer. The benefits of having more than one interviewer on the panel, recording their independent conclusions and seeking views about the candidates from residents and main carers, was discussed at the last inspection.

(See requirement 1)

Recruitment files did not demonstrate that the service was taking a safe approach to recruitment. Some of the evidence for identification and proof of address was not robust, whilst candidates had two references, in some cases references were not taken from the last employer and gaps in employment history were not followed up. Inspectors noted that too much reliance was placed on what the candidate said, rather than checking the facts. Inspectors established that completed `Protection of Vulnerable Groups, (PVG), Scheme forms`, were not checked by the Manager prior to submission. The person responsible for checking them had not been trained to do so, taking an administrative approach to the task, rather than checking and cross referencing all of the information on the form, with that presented by the candidate during the recruitment process, prior to submitting the form. Inspectors concluded that the service were not following their own policy on safer recruitment and were not meeting the requirements placed on the PVG authorised signatory.

(See requirement 2)

Inspectors noted that volunteers were active in the service during the period of inspection.

Inspectors were concerned that the Volunteers were expected to carry out tasks that they had not been trained to do for example, assisting residents in the toilet and turning off nurse call buttons. During this inspection, inspectors had to summons help for a resident, who had been placed at risk as their nurse call alert had been switched off by a volunteer. The Manager was unable to tell inspectors if volunteers were checked through the PVG scheme or what training they had been given.

Requirements

Number of requirements: 2

1. The provider must make proper provision for the health, welfare and safety of service users by, following a safe recruitment process as set out in their recruitment Policy.

This is in order to comply with SSI 2011/210 4 (1)(a) Welfare of users

Time scale - By 1st June 2018

2. The provider must ensure that staff employed in the checking and submission of PVG forms, receive training appropriate to the work they are to perform.

This is in order to comply with SSI 2011/210 15 (b)(i) Staffing
Time Scale - 1st June 2018

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

Inspectors looked at the accident and incident records for the service. Whilst records were maintained and an overview of events were recorded, this information was not being used for preventative purposes and levels of falls within the home were found to be high.

The service have notified the inspectorate of a number of residents involved in incidents and accidents, since the last inspection. Inspectors found that these events were not reflected upon by the manager in terms of looking for trends and identifying areas for improvement. For example, a resident taking warfarin had their dose changed on just two days of the week, and this had not been actioned by the service, during this inspection inspectors found a similar example involving warfarin that had also been changed on just 2 days of the week and not actioned. Following an incident, a resident had been deemed by the service, as being at risk of harm. The service had reviewed the care plan and updated it. A few months later the resident experienced a similar event. Inspectors established that the service did not check the effectiveness of their response and that staff were not following the updated care plan. Another notification described poor diet and fluid intake as an issue however, when inspectors looked at care plan, Nutrition and fluid intake had not been recorded.
(See requirement 1 and 2)

At the last inspection, inspectors made recommendations and requirements, to ensure that the service was compliant with regulations and following best practice, to achieve safe and positive outcomes for residents. Inspectors at this inspection found that these requirements and recommendations had not been met.

Requirements

Number of requirements: 2

1. The provider must make proper provision for the health, welfare and safety of service users by using an effective quality assurance tool to identify areas for development, to improve outcomes for residents.

This is in order to comply with SSI 2011/210 4 Welfare of users
Time scale - 1st June 2018

2. The provider must make proper provision for the health, welfare and safety of service users by ensuring that methods used by nursing staff, to assess possible fractured or broken bones, does not cause further harm or injury.

This is in order to comply with SSI 2011/210 4 Welfare of users
Time scale - 1st May 2018

Recommendations

Number of recommendations: 0

Grade: 2 - weak

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The service must review personal plans at least once in every six-month period whilst the service user is in receipt of the service, and revise the personal plan to reflect any agreed changes. This review must include a review of risk assessments.

This is order to comply with SSI 2011/210 5 (2) (b) (i)(ii)(iii) Personal plans
Time Scales - Within 3 months of the publication of this report

This requirement was made on 15 September 2017.

Action taken on previous requirement

Reviews are not being completed within the time scales required. A new matrix has been compiled indicating the last two six-monthly reviews, and the next planned review.

This matrix shows a number of reviews to be outside the required timescales.
This requirement will be repeated.

Not met

Requirement 2

The service must make proper provision for the health, welfare and safety of service users by

- Monitoring adherence by staff to the guidance on managing head injuries
- The use of a multi-factorial risk assessment tool to enable identification of the falls risk for each resident, and for appropriate preventative action to be taken.

This is in order to comply with SSI 2011/210 4 (1) (a) Welfare of users
Time Scales - within 3 months of the publication of this report

This requirement was made on 15 September 2017.

Action taken on previous requirement

The registered manager and deputy were monitoring staff practice in managing head injuries.

A multi-factorial risk assessment has been introduced into personal plans to identify risks and preventative measures that can be implemented. Training has been provided in 'Managing falls and fractures in care homes'.

Poor moving and handling practice that could lead to a fall and inappropriate responses to determining the correct course of action, with suspected fractures, remain an issue and a new requirement will be made regarding this.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

When conducting recruitment interviews, the service should consider having more than one person on the interview panel and including residents, their relatives or main carers in the process.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

This recommendation was made on 16 September 2015.

Action taken on previous recommendation

A requirement relating to recruitment has now been made and this recommendation is withdrawn.

Recommendation 2

Food and fluid intake charts should be fully completed and accurately reflect individual residents' nutritional intake. Daily fluid intake targets should be recorded.

National Care Standards - Care Homes for Older People, Standard 13: Eating well.

This recommendation was made on 2 December 2016.

Action taken on previous recommendation

Inspectors identified that food and fluid intake charts, that were sampled, did not accurately reflect nutritional intake as there were sizable gaps in the recording. Please see requirement 5 in the quality of care and support section of this report. As a requirement has now been made this recommendation is withdrawn.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
15 Sep 2017	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
14 Sep 2016	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
17 Mar 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
16 Sep 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
6 Mar 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings	
15 Sep 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
29 Oct 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
6 Feb 2013	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
20 Aug 2012	Unannounced	Care and support	5 - Very good
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
31 Jan 2012	Unannounced	Care and support	5 - Very good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good

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