

Eastleigh Care Homes - Minehead Limited

# Eastleigh Care Homes - Minehead Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Eastleigh Care Homes – Minehead Limited is a care home providing accommodation and personal and nursing care. It is registered to provide care to up to 69 people. Accommodation is provided in two buildings divided into different units. One unit provides nursing care to people living with dementia. One small unit cares for people with complex mental health needs and other areas of the home support people with general nursing and personal care needs.

At the time of our inspection there were 64 people using the service.

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

People felt safe at the home and with the staff who supported them. Throughout the inspection we saw pleasant and kind interactions between people and staff.

People's medicines were generally managed safely, and they received them in the way prescribed for them. However, there were some medicines supply problems, which the managers were working with the supplying pharmacy and the GP surgery to improve.

People had their needs assessed before they moved to the home. We found that these assessments needed to be more comprehensive and have recommended that the provider reviews their preadmission process.

The dining experience and environment for people living with dementia would benefit from improvement to promote dignity and independence. The provider had already identified some of these issues and was taking action to address them.

People did not always have their specialist needs met because professionals and the staff at the home had not worked in partnership to support people.

Due to the large variety of needs and ages of people at the home some people felt their social needs were not always met. The provider told us they had employed an additional worker to help support people with meaningful occupation.

People were supported by adequate numbers of staff who had been safely recruited.

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

Staff understood the principles of the mental capacity act and made decisions in people's best interests where needed.

The provider had effective systems in place to identify shortfalls in the service and plan improvements. The providers own monitoring had highlighted areas for improvement, and they were working towards making changes to improve care provided to people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At the time of the inspection the home was providing care to a small number of people with a learning disability.

#### Right support

People lived in a large nursing home which did not specialise in the care of people with a learning disability. One person had one to one staffing at times to support them to pursue their interests and hobbies.

However, another person who was staying for a respite period had a lack of support to take part in activities which were appropriate to their needs.

There were limited opportunities for people to access their local community for leisure or education.

People's physical healthcare needs were monitored by trained nurses and senior staff.

#### Right Care

People received kind and compassionate care from a friendly staff team.

People had not all had opportunities to discuss their aspirations and set goals.

#### Right Culture

People were supported by a manager and provider who worked hard to promote a culture where people were valued and respected as individuals.

The manager and provider were open and transparent and took action to make sure people were protected from avoidable harm.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update.

The last rating for this service was Good (published 14 May 2021.)

#### Why we inspected

We received concerns in relation to the management of medicines and staff skills to provide good quality care to people with complex needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found evidence that the provider had already identified these issues through their quality monitoring systems and was taking action to make improvements.

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.

We have found evidence that the provider needs to make improvements. Please see the effective and well led section of this full report.

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 good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastleigh Care Homes – Minehead Limited on our website at [www.cqc.org.uk](http://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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Eastleigh Care Homes - Minehead Limited

## **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 3 inspectors, one of whom was a specialist medicines inspector.

#### Service and service type

Eastleigh Care Homes – Minehead Limited 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. Eastleigh Care Homes – Minehead Limited is a care home with 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. However, they were working in another

home owned by the same provider and Eastleigh Care Homes – Minehead Limited was being managed by a registered manager from another of the providers locations. The manager had applied to us to transfer their registration.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked 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 11 people who lived at the home and 15 members of staff. This included managers, trained nurses, assistant practitioners, care staff and ancillary staff. The nominated individual was available throughout the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We received written feedback from 3 health and social care professionals and were able to speak with a further 5 professionals after the inspection.

We spent time observing care and support provided in communal areas and 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.

We looked at a number of records relating to the running of the home and people's individual care. These included 2 staff recruitment files, a sample of medication administration files, 7 care and support plans and records relating to quality monitoring.

# 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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. We saw people looked very comfortable and relaxed with staff. One person told us, "Staff are kind and friendly."
- Staff had received training in recognising and reporting safeguarding concerns. Staff felt confident that any issues raised would be investigated and action would be taken to keep people safe.
- The provider worked with other agencies to make sure that all allegations were investigated and responded to in an open and transparent manner.

Assessing risk, safety monitoring and management

- The staff carried out risk assessments to ensure people received care and support in a safe way. We found not all risk assessments in care records were up to date and reflective of people's current needs. However, the provider was moving all care records to a new electronic system which was due to go live the day after the inspection. Assurances were given by the nominated individual that all risk assessments would be updated onto the new system.
- People had positive behaviour support plans to maintain their well-being and safety. There was a dedicated member of staff who worked with people and staff to create plans which helped to minimise risks to people and others in the least restrictive way.
- People lived in an environment where risks were minimised. There were regular safety checks for the building including appropriate checks and maintenance of fire detecting and lifting equipment.

Staffing and recruitment

- Risks to people were minimised because the provider followed a safe recruitment process. Staff files seen showed references and checks were carried out before new staff began work at the home.
- There were sufficient numbers of staff to keep people safe and to meet their needs. Staff told us they felt there were always enough staff. During the inspection we saw staff were available to people when they needed or requested support.
- People had access to call bells to enable them to summon assistance when needed. We did not hear call bells ringing for extended periods of time showing staff responded promptly to requests for assistance. One person told us, "They come as quick as they can. They are very kind."
- The provider constantly monitored staffing levels and adjusted staffing to ensure people's needs were met. For example, additional night staff had been made available to meet increased needs at night.

Using medicines safely

Before the inspection we received some concerns about medicines management. At the inspection we



found no major concerns in this area.

- People generally received their medicines safely in the way prescribed for them.
- However, there were some issues with medicines supply. The managers were aware of this and have been working with the pharmacy and surgery to resolve these issues. Ordering systems had been improved, and further changes to a new electronic system was due to be introduced.
- There were protocols in place to guide staff when medicines were prescribed on a 'when required' basis.
- If medicines were given covertly, then systems were in place to make sure this was appropriate and in people's best interests. Advice was sought and recorded on the best way to give medicines safely in this way.
- There were suitable arrangements for storage, recording and disposal of medicines, including those needing extra security, and cold storage.
- Staff had training and competency checks to make sure they gave medicines in a safe way.
- Regular medicines audits were completed, and we saw that areas for improvement were identified and actions recorded. Any incidents were reported and investigated to try to prevent a recurrence.

#### Preventing and controlling infection

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

#### Visiting in care homes

- People were able to have private and professional visitors at any time. One person said, "My family come. They are made welcome."
- People continued to go out visiting with friends and family. During the inspection a person went out to lunch with family.

#### Learning lessons when things go wrong

- People lived in a care home where the provider learnt from mistakes to make sure improvements were made. The staff used reflective practice sessions to look at practice and how they could make changes in the future.
- The provider used complaints and concerns to drive improvements. For example, additional training and observations were put in place following concerns about oral health and footcare.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience;

One area of the home, known as Porlock, provided care to people who had complex mental health issues. The philosophy of the area was to provide intensive support for people to enable them to move on to less restrictive care environments. Before the inspection we received some concerns about the staff's ability to provide care for people with complex mental health needs.

- The provider acknowledged there had been some issues with meeting the needs of some people who had moved to the home. There was no clinical lead at the home and therefore a lack of clinical support for staff and people when they had complex needs. They had been actively trying to recruit a clinical lead, but this had not been successful. In response to this the provider had arranged for a registered mental nurse (RMN) from another part of the business to be at the home on a part time basis initially, for the next 6 weeks. This was a reactive rather than pro-active approach which meant that a small number of people may not have received prompt action to address their needs.
- Although a small number of people may not have received prompt and appropriate support to meet their needs, most people had received good care. The commissioners informed us that out of 31 people who had used the service provided by Porlock unit, 21 people had already been able to move to less restrictive environments. The commissioners praised the skills of the staff.
- There was an onsite trainer who provided ongoing training and support. The onsite trainer had put positive behaviour plans in place to support staff to effectively care for people. At the time of the inspection we found a calm and relaxed atmosphere in the home with staff interacting well with the people who lived there.
- Staff said they felt confident to care for people with complex needs. One member of staff said, "The behaviour training [onsite trainer's name] arranges gives me confidence to do the job."
- People had confidence in staff skills. One person who had complex needs told us, "Staff recognise when I'm becoming unwell. Probably before I do."
- People were supported by staff who undertook an induction programme when they began work. This helped to make sure new staff had the skills and knowledge needed to provide safe care to people.
- The provider had introduced a mentoring system to make sure all staff had a named person to provide supervision and individual support to them. The manager told us this system would be further embedded into the culture of the home.
- During the inspection we noted the onsite trainer was extremely visible around the home. This enabled them to identify where additional training may be needed. They provided practical support and guidance and led by example to make sure staff were confident in their work.

- People were supported by trained nurses who had opportunities to undertake training to maintain and enhance their clinical skills. Care staff had opportunities to take on additional training to become assistant practitioners. This gave them basic clinical knowledge to support trained nurses.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they moved to the home. This helped to make sure the home was able to meet people's needs. However, there was no assessment about how a person may fit into the existing group of people living at the home or how their social needs would be met. When people needed support from outside professionals this was not recorded on the initial assessments. This meant staff did not always know which health care professionals would be responsible for supporting the person if needed. We discussed this with the manager and provider.

We recommend that the provider reviews their preadmission assessment process to make sure social needs are considered and outside healthcare support is identified and agreed before people move into the home.

- Assessments, care plans and positive behaviour plans were put in place. We asked some staff about how they supported people and found care was being delivered in line with their plans of care. Staff had a good knowledge of people and were able to tell us about people's likes as well as their needs.
- People's care records were not always up to date and robust. The provider was moving to a new care plan system and assurances were given that all records would be updated in the new system.
- People's care needs were regularly reviewed. The staff operated a 'resident of the day' system which meant everyone's needs were reviewed monthly. Staff said they were hoping to expand on this scheme to make sure it was much more personalised to people's wishes and interests.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dignity was not always promoted at mealtimes. In the area which cared for people living with dementia we saw everyone ate and drank from plastic plates and cups. This had not been assessed on an individual basis. We discussed this with the nominated individual and manager. After the inspection they informed us they would be carrying out individual risk assessments regarding the use of crockery in this area.
- People received the support they required to eat and drink. During the inspection we saw that staff were kind and patient when helping people with eating and drinking.
- People's views about food were varied. One person said, "Food is alright. You don't expect to get brilliant in a place like this." Another person told us, "Food is normal, It's OK. It's not dreadful." One person commented, "Dinners are really nice."
- People had their nutritional needs assessed, including assessments by speech and language therapists. We saw people received meals in accordance with their assessed needs.
- Some people required their meals to be served at a specific consistency to minimise the risk of them choking. We saw people who needed specific meals received them. On the first day of the inspection we saw pureed meals were not well presented and appeared unappetising. One member of staff who was supporting someone to eat a pureed meal said they did not know what the meal was. It was therefore difficult to see how the person had made a choice about their meal. We fed this back to the manager and on the second inspection day we found some improvements had been made.

Adapting service, design, decoration to meet people's needs

- The home was divided into smaller areas which provided care to different groups of people. The main part of the home was a modern, purpose built new build which was well equipped to meet people's needs.
- One area of the care home, known as Exmoor, cared for people who were living with dementia. There was

a lack of signage and points of interest to assist people to independently locate their personal rooms or find their way around. The provider shared plans with us about how this area would be made more dementia friendly.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- There was always a registered nurse on duty who was able to monitor people's physical healthcare needs. People who were not receiving nursing care were supported by district nurses on an individual need's basis.
- Some people required the support of specialist health care professionals from outside the service to help them to manage their needs and expressive behaviours. Where this support was available staff worked with these agencies to improve people's quality of life.
- Some people had experienced difficulty in accessing specialist support. This was particularly challenging where people had needed to cross county borders and arrangements for specialist services to support them did not always transfer across these borders effectively. This meant people did not always receive the care and support they needed. Following the inspection, we spoke with healthcare professionals who were starting to work more closely together to improve how people's needs were met.
- People were registered with local GP practices. GP's from two practices visited the home on a fortnightly basis to see people and review their needs.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had made applications for people to be deprived of their liberty where they required this level of protection to keep them safe.
- Where DoLS applications had been authorised, the manager was able to evidence how they were meeting any conditions in place.
- Some people lacked the mental capacity to make some decisions for themselves. Staff said they used the information they knew about the person, and consulted with family members, to make sure any decisions made were in the person's best interests.
- Staff had received training and had knowledge about the mental capacity act. There was information on posters around the home to remind everyone of the importance of protecting people's legal rights.

# 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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People lived in a home where the provider's desire to support people regardless of their needs led to a group of people with hugely varying needs and differing ages all using the same service. For example, we met young people with a learning disability, adults with complex mental and physical health conditions and older people living with dementia and general nursing needs all living in close proximity. This presented a challenge to staff and local support services and placed people at risk of not always receiving the most appropriate support and social stimulation.
- There was limited individual support to ensure people received social stimulation which was appropriate to their age and needs and achieved a good outcome for them. One person told us, "There's not a lot going on." Another person said, "It's a funny old life really. Stuck in my room with nothing to do." One person commented they often felt "Quite isolated." The provider told us they had recently employed an additional person to support people to have more individualised social stimulation and occupation.
- People's care plans did not always show how good outcomes would be achieved. For example, one person, who had a learning disability and was receiving respite care, did not have any recorded goals or expectations. Staff spoken with had limited knowledge of the desired outcome of this short placement.
- The provider promoted a positive culture which was person centred and inclusive. Staff spoken with had a good understanding of people's needs and treated each person as an individual.
- People were generally happy with the care they received. One person said, "I'm quite content and happy here." Another person told us, "Everything here is nice and steady. I like it." One relative had written a thank you card which stated their loved one had been, "Part of a warm and caring family. Staff were patient, gentle and kind."

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

- The provider was open and transparent when things went wrong. They informed CQC of significant incidents within the home and worked with other agencies to make sure thorough investigations were carried out when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been changes in the management of the home since the last inspection. The registered manager had recently left the home to manage another home owned by the provider. At the time of this

inspection the home was being managed by a manager registered at another of the provider's homes. They informed us they had applied to register at Eastleigh Care Home – Minehead Limited.

- The manager was supported by the operations and governance director, who was the nominated individual for the provider, and a deputy manager. None of the management team had a clinical background, and despite advertising for a clinical lead for the home, they had been unsuccessful in recruiting to this position. This meant there was no senior clinical staff with oversight of people's needs or to carry out preadmission assessments based on clinical need and staff skills. The provider had arranged for a trained nurse from another part of the business to fulfil this role on a part time temporary basis.
- People lived in a home where there were effective quality monitoring systems in place. This included in house audits and provider oversight. During the inspection the manager was able to demonstrate how issues had been identified and that there was ongoing work to make improvements. This included improving systems for medicines to rectify supply issues, improvements to the environment for people living with dementia and changing the care planning system to improve the quality of information and recording. This showed that monitoring systems were effective and used to drive improvements.
- People could be confident that all concerns and complaints were fully investigated. Outcomes of investigations were used to promote improvement in the care people received. For example, improved foot and oral care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People lived in a home where staff had experienced some difficulties working in partnership with other professionals in the area. This was exacerbated by the fact that a high number of people had moved to the home from another county and did not have their usual social and healthcare support networks easily available to them.
- Where staff had been able to make connections with local professionals these had been positive and led to good outcomes for people. For example, a good working relationship with the Intensive Dementia Support Services (IDSS) had led to a review of medicines and a positive outcome for one person.
- People were involved, as far as possible, in reviewing their care needs. The deputy manager had introduced a new format to support staff to involve people in their reviews.
- The manager said one of the main areas for them to work on was improving staff morale. Staff were involved in some meetings and there was an annual survey to gauge their views. Results of the most recent survey showed mainly positive responses. Staff we spoke with were very positive about working at the home and the new manager. One member of staff told us, "It's a really good place to work." Another said they liked their job and there was "Good teamwork."