

Forthmeadow Limited

Eastwood House

Inspection report

24 Church Street
Eastwood
Nottingham
Nottinghamshire
NG16 3HS

Tel: 01773712003

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21 April 2022

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24 May 2022

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

About the service

Eastwood House is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 19 people.

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

There was not enough staff to keep people safe. Rotas identified shortfalls; however, agency staff were arranged as and when required. There had been several occasions where staffing levels had been low, but staff worked the best they could to address the shortfalls in the absence of a manager. There was no evidence people were at risk of harm from this concern. The new manager had been at the home for one week and had already been working on a plan to identify shortfalls, issues and concerns.

The premises were clean and staff followed infection control principles and government guidelines.

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.

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

Rating at last inspection

The last rating was Requires Improvement (published 06 December 2021).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels within the service. A decision was made for us to inspect and examine those risks. Targeted inspections do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

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.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question required improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Eastwood House

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

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 work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service, two senior care staff, one care assistant, one housekeeper and the manager.

After the inspection

We reviewed staff rotas, contacted relatives of people who used the service and two more care staff.

Is the service safe?

Our findings

Staffing and recruitment

- There was not always enough staff to keep people safe.
- People told us staff looked after them well. One person said, "I am happy, the staff are good to me and look after me." Another person told us they were supported by staff when they needed it. Sometimes they had to wait, but not for long.
- One person told us they liked going shopping, but this had stopped. They said, "I used to go out in my wheelchair, but staff don't have time now". We looked at the persons care plan, but there was no information identified in the persons social activity care plan regarding this preferred activity. We identified this to the manager.
- We saw two staff assisting people with eating at lunch time. Another member of staff was administering medicines and the 'do not disturb' process was in place. Two visiting professionals had to wait for staff assistance. This meant people had to wait for their treatment. We spoke with the manager and they told us they had identified this and were in the process of recruiting staff for peak times.
- Staff told us they were exhausted. They gave examples when they went above and beyond to cover staff shortfalls. Staff exhaustion posed a risk to people's safety. Although the provider arranged agency cover, they told us short notice absences were difficult to cover. One staff said, "I have completed a split shift (split shift is when you work over two shifts for part of the shift) just so people are cared for. People always come first to us."
- The manager told us within their arrival they had identified several shortfalls including staffing issues. They had reviewed the ongoing recruitment process and were hopeful to address any issues and concerns. Staff were recruited safely and checks were made to ensure they were of good character to work with the people living at the home, such as a Disclosure and Barring Service (DBS). (Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions).

Infection control

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- Mealtimes were protected, which meant visitors were limited when people were eating.
- The provider had visiting arrangements in place to ensure people were not at risk of isolation. The provider was following current visiting guidelines.