

Eastcote Care Providers Limited

Eastcote Care

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

Summary

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.

About the service

Eastcote Care is registered to provide personal care to people with mental health needs and also people who may have learning disability or autistic spectrum disorder. At the time of this inspection, the service was providing personal care for three people living in a supported living scheme.

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

The service demonstrated how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

People had maximum choice and control of their lives. There was evidence of positive support, including choice, participation, and inclusion. People's support plans set out person centred goals that had been discussed and agreed with them. They were supported to safely access local facilities and amenities. The service people received was provided in a house, which was similar to the other houses in the area. People's rooms were clean and personalised with their belongings and family photographs.

Right care:

Care was person-centred and promoted people's dignity, privacy and human rights. People's privacy was respected. The care plans described how people should be supported so their privacy and dignity were upheld. Care plans instructed staff to ensure personal needs and preferences of all people were respected regardless of their background. Staff spoke knowledgeably about how they ensured people received care that met their diverse needs, including spiritual and cultural differences.

Right culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. There was an open and inclusive approach to the running of the service. People's relatives told us care reviews counted for something. They told us people had choice and control over their care and were encouraged to raise any issues of concern, which they felt were valued and acted upon. Care workers understood how to protect people from poor care and abuse. They had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.

There were effective systems and processes in place to minimise risks to people. The assessments provided information about how to support people to ensure risks were reduced.

There were enough care workers deployed to keep people safe. Pre-employment checks had been carried out.

There were systems in place to ensure proper and safe use of medicines. We observed from records people received their medicines on time.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There was a process in place to report, monitor and learn from accidents and incidents. Accidents were documented timely in line with the service's policy and guidance.

There was an effective training system in place. Care workers demonstrated good knowledge and skills necessary for their role.

People's health needs were met. The service worked with a range of professionals including GP, palliative care team and speech and language specialists.

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.

There was a complaints procedure in place, which people's relatives were aware of. Quality assurance processes such as audits, spot checks, accidents and incidents, were used to drive improvements.

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

Rating at last inspection

This service was registered with us on 07/06/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our timelines for inspecting newly registered services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Eastcote Care

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Eastcote Care provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about the care provided. We spoke with five members of staff, including the registered manager and the service director.

We reviewed seven care records of people using the service, seven personnel files of care workers, audits and other records about the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems to ensure people were safe and protected from abuse. There were policies covering adult safeguarding, which were accessible to all staff.
- Care workers had received up-to-date safeguarding training appropriate to their role. They understood the procedures they needed to follow to ensure people were safe. They described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.
- People's relatives told us people were safe in the presence of care workers. One relative told us, "My relative is safe. The standard of care is brilliant."

Assessing risk, safety monitoring and management

- There were adequate systems to assess, monitor and manage risks to people's safety. Risk assessments contained information for reducing potential risks such as those associated with physical injury to self and others, social isolation, going out into the community and fire safety.
- There was a record of essential maintenance carried out at the supported living house. Regular safety checks had been carried out to ensure the premises and equipment were safe for people. The registered manager was aware they had a duty of identifying and reporting concerns about the safety of the premises.
- Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the home. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation.

Staffing and recruitment

- There were sufficient care workers deployed to keep people safe. The registered manager, staff and people informed us staffing levels were adequate. If needed, extra care workers would be on duty to help or escort people on outings or appointments. We observed that when people requested support this was provided on time.
- Appropriate recruitment checks had been carried out for all care workers. Their personnel records showed pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). These checks helped to ensure only suitable applicants were offered work with the service.

Using medicines safely

- There were systems in place to ensure proper and safe use of medicines. People told us they received their medicines as prescribed.
- There were policies and procedures in place. Medicine administration records (MAR) were completed appropriately and regularly audited.

- Staff had received training to administer medicines safely. They underwent competency assessments to make sure they had the correct skills to support people with medicines.
- There were procedures that showed the service was working to achieve STOMP principles. STOMP stands for stopping over-medication of people with a learning disability, autism or both. The registered manager told us they worked with relevant professionals to ensure medicines were only used when necessary.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection control prevention.
- People's relatives told us care workers followed appropriate procedures for minimising risks that could arise from poor hygiene and cleanliness.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. Accidents were documented timely in line with the service's policy and guidance. A record of the only incident that had occurred showed action had been taken to reduce risks of the incident reoccurring.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, before support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law. Relevant guidelines were in place, including those drawing from the National Institute of Health and Clinical Excellence (NICE), General Data Protection Regulation (GDPR) and COVID-19 regulations.
- Information in support plans identified people's personal and healthcare needs. Care records were personalised and reflected how people wanted to be supported. All the information that staff would need to know about people's care and support needs was available in easy to read step by step format.

Staff support: induction, training, skills and experience

- Care workers had appropriate training and experience to meet people's needs. They demonstrated good knowledge and skills necessary for their role. Training matrices and documentation confirmed required competencies had been achieved.
- Newly recruited staff completed an induction programme in accordance with the Care Certificate framework to prepare them for their responsibilities. Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. New care workers also worked with experienced staff until they were confident they could work independently with people.
- There was a system in place to ensure care workers received regular supervision and annual appraisal. Records confirmed care workers received regular supervision. Care workers who had been at the service for longer than a year also received an annual appraisal, including monthly spot checks to monitor their performance when supporting people.
- Relatives of people receiving care told us the care workers were skilled at their jobs and knew what to do. A relative told us, "Staff are skilled. [This particular member of staff] is amazing."

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

- There were arrangements to ensure people's nutritional needs were met. Their dietary requirements, likes and dislikes were assessed and known to staff.
- Shopping list was based on people's preferences. There were a variety of healthy foods and home-cooked meals for people to choose from.
- There was a nutrition and hydration policy to provide guidance to staff on meeting the dietary needs of people. Weights of people were recorded where necessary.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare when needed. Their support plans identified their needs and input from a range of professionals, including GP and a range of other health professionals.
- People were accompanied to attend regular health appointments and if they were unwell, we saw the service sought advice from their GP in good time.
- There was a Health Action Plan (HAP) for all people with learning disabilities. A HAP is a personal plan about what a person with learning disabilities can do to be healthy. Each HAP listed details of people's needs and professionals involved.

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 Act 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's support plans showed which decisions had been made in their best interests. Care files contained signed consent forms. Where people had been unable to consent to their care, best interest decisions had been made to provide support.
- Care workers had received training in the MCA 2005 and were able to tell us about the key aspects of the legislation.
- We observed people had independence and the freedom to move around without undue restriction on their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us care workers were kind and caring. A relative said, "The service is brilliant. Staff are kind and caring." A person receiving care told us, "Staff are nice to me. They help me with cooking, washing clothes and ironing. They are great."
- We observed people were relaxed when communicating with care workers. We could tell from their interactions that they were happy.
- People's rooms were clean and personalised with their belongings and family photographs. Staff spoke with people in an appropriate way throughout the inspection. Support plans described how people should be supported so that their privacy and dignity were upheld
- People's privacy was respected. Support plans described how people should be supported so their privacy and dignity were upheld. For reasons related to dignity or specific cultural traditions, some people preferred to be supported by a care worker of their own sex, which was supported.
- People were supported to be as independent as possible. For example, staff encouraged and prompted people to attend to their personal care as opposed to staff doing everything for them. Support plans reminded staff to offer help where this was needed to help people maximise their independence.
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

Ensuring people are well treated and supported; respecting equality and diversity

- The service had a policy on ensuring equality and valuing diversity. Support plans instructed care workers to ensure personal needs and preferences of all people were respected regardless of their background. This ensured people's individual needs were understood and reflected in the delivery of their care.
- Care workers spoke knowledgeably about how they ensured people received care that met their diverse needs, including spiritual and cultural. People were supported with religious observances. People also celebrated religious and cultural festivals including Diwali, Rakhi, Christmas and Easter.

Supporting people to express their views and be involved in making decisions about their care

- There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005. Care workers were aware of the need to seek people's consent before proceeding with care.
- The registered manager maintained regular contact with people through telephone calls and reviews. This gave people opportunities to provide feedback about their care. Records showed people had been consulted about their care. A relative told us, "The manager is brilliant. She maintains contact and always

finds a good way with my relative."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Assessments had been completed prior to people moving to the home to ensure the service could meet people's needs. People were involved in developing their support plans. Their choices, likes and dislikes were reflected in the support plans.
- Care files contained meaningful information that identified people's abilities and the support required to maintain their independence. For example, one person had diabetes and their care plan contained specific instructions outlining what the condition meant to them and how it affected them. This ensured the person received appropriate care.
- Support plans were regularly reviewed by staff. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage. Any changes to people's care were updated in their care records to ensure care workers had up to date information.
- There were measures in place to ensure continuity of care. There was a 15-minute handover at the end of each shift which ensured any changes to people's needs were discussed with in-coming staff. A communication book was in place for staff to refer to where there had been any changes to people's care. The home also maintained communication with day centres to ensure useful information about people were recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person's preferred method of communication was highlighted, which enabled care workers to communicate with people in the way people preferred.
- People were matched with care workers on grounds of a mutual language. People spoke a range of languages, and the service employed staff who spoke as many languages. For example, one person spoke Punjabi and was supported by staff who spoke the same language. Also, the service had picture assisted and other accessible written information where required.

End of life care and support

- The service did not have anyone receiving end of life care at the time of the inspection. The registered manager told us she would ensure that all care workers received end of life training, so they were skilled if

the need arose.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The procedure gave details of the process for reporting complaints. There had not been any complaint made since the service was registered with the Commission for the last 12 months. People's relatives told us they were aware they could speak with the registered manager or her deputy if they had any concerns.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples, including meeting people's cultural and religious needs.
- People, relatives and professionals were regularly asked for their views on the quality of the service being provided. We spoke with a relative who confirmed their views were considered. Regular meetings and care reviews also took place and people were free to express their views. People received regular unannounced weekly spot checks from the registered manager. This ensured they were consulted and given opportunities to comment about their care.
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. We looked at a sample of staff minutes and saw that they covered numerous topics for discussions, including safeguarding, COVID-19, incidents, handover and weight monitoring. Staff told us their views were acted on.
- The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

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

- The service had a clear management structure consisting of the service director and the registered manager. Care workers were well informed of their roles and reporting structures. They spoke positively about the registered manager, who they described as approachable, supportive and kind. They felt free to raise any concerns knowing these would be dealt with appropriately.
- People's relatives also described the management in complimentary terms. One relative told us, "I would give the service 10 out of 10. The manager is amazing and so supportive."
- The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as, medicines management, safeguarding and equality and diversity.
- Regular audits were carried out and where any concerns were found, action was taken to reduce reoccurrences and to help drive improvements. Where audits had identified issues, we saw that actions were taken to address these. We found the registered manager to be knowledgeable about issues and priorities

relating to the quality and future of the service.

- Accidents and incidents were documented and regularly monitored by the registered manager to ensure any trends were identified and addressed.

Working in partnership with others

- The service worked in partnership with a range of health and social care agencies to provide care to people. These included, GPs, psychologists, psychiatrists, district nurses, podiatrists, chiropodists and opticians.