

Eastway Care Limited

Eastway Silvertown

Inspection report

54A Railway Arches
North Woolwich Road
London
E16 2AA

Date of inspection visit:
28 October 2016
03 November 2016

Date of publication:
20 December 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 28 October and 3 November 2016 and was announced. The provider was given 48 hours notice as they are registered to provide personal care to people in their own homes. We needed to be sure that someone would be in the office to speak to us.

Eastway Silvertown provided personal care to people with learning disabilities while they were on holiday. At the time of our inspection they had supported one holiday which four people had attended. They also supported one person to receive care in their own home as part of their outreach service. This was their first inspection.

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

People and their relatives had been involved in the development of the service and the planning to go on holidays. Through the use of person centred planning meetings individual care plans with a high level of personalisation had been created. However, there was insufficient detail regarding support required with care tasks in people's homes and on holiday. We have made a recommendation about including care tasks in person-centred plans.

Group meetings for people going on the holidays had been used to ensure people were involved in making decisions about activities, menu planning and other aspects of the holidays.

Although records clearly showed that people had been involved in the planning of holidays and care, the service had sought consent from relatives without ensuring they had the legal authority to consent on their behalf.

The service had completed robust risk assessments for individual risks and for all group activities. The measures in place were clear for staff to follow and were not overly restrictive of people. Staff were knowledgeable about safeguarding adults from harm and the service had robust processes to ensure that people were protected from abuse.

People had complex health needs and were supported to take their medicines by staff. Records showed this was managed in a safe way. People had comprehensive plans in place regarding their health needs including detailed guidance on how to respond to health emergencies.

Staff had developed positive relationships with the people they supported. Relatives told us the strength of the relationships helped ensure people had a good time on the holidays. Staff knew the people they were supporting well.

People had been supported to take photographs and videos of themselves as a record of their support. Staff had supported people to make a holiday diary when they returned home. However, the service had not maintained records of care delivered. We have made a recommendation about keeping records of care.

Staff spoke highly of the training provided by the service. Records showed that staff receiving specialist training to assist in the development of their roles. Staff had not received supervision in line with the provider's policy. We have made a recommendation about staff supervision.

Relatives and staff spoke highly of the registered manager and the senior management of the provider. There had been a high level of management support available during the holidays. Management evaluated the quality and experience of the service and made plans for improvement.

We found one breach of the regulations. You can see what action we asked the provider to take at the end of the full version of this report.

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. A relative told us they thought people were safe. The provider had appropriate measures in place to ensure people were safeguarded from abuse.

Care files contained robust risk assessments and staff were knowledgeable about how to mitigate risks.

There were enough staff who had been recruited in a safe way.

Medicines were managed in a safe way.

Is the service effective?

Requires Improvement ●

The service was not always effective. The service had sought consent from relatives without checking they had the legal authority to consent on people's behalf.

Staff did not receive supervision in line with the provider's policy. Staff received training for their roles and spoke highly of the training available.

People were supported to eat and drink in line with their needs and preferences.

People had detailed health action plans and were supported to have their health needs met.

Is the service caring?

Good ●

The service was caring. Staff had built up strong, positive relationships with the people they supported. Relatives told us people liked their staff.

People were supported to express their views about their care and were involved in planning and decision making for the service.

People were supported to maintain their dignity and privacy.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. Care plans were highly personalised but lacked detail regarding personal care needs.

People were supported to record their support through photographs and videos. However, the service did not record actual care delivered.

People were supported with a range of activities which they had been supported to choose.

The service had an accessible complaints policy.

Is the service well-led?

Good ●

The service was well led. The provider had a clear mission statement and values. The culture of the service was person centred.

Staff and relatives spoke highly of the registered manager.

Management evaluated the quality of the service and made plans for improvement.

Eastway Silvertown

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service user the Care Act 2014.

The inspection took place on 28 October and 3 November 2016 and was announced. The provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to be sure that someone would be in.

The inspection was completed by one inspector.

Before the inspection feedback was requested from local authority commissioning teams and the local Healthwatch. We reviewed the information we already held about the service, including the information provided by the provider when they registered the location.

During the inspection we spoke with relatives of two people who used the service. We were unable to speak to people who used the service as they were not in the building when we inspected and were unable to speak to us on the telephone. We spoke with the registered manager, the nominated individual, and two team leaders. We looked at the care plans and records for four people. We looked at two staff files including recruitment, training and supervision records. We reviewed various policies, meeting records and other documents relevant to the running of the service.

Is the service safe?

Our findings

A relative told us they thought people were safe when using the service. They said, "They [staff] know my relative. They were safe." Staff were knowledgeable about the risks that people faced and told us how they would escalate concerns about abuse or avoidable harm. The provider had robust policies in place regarding incidents and safeguarding adults from abuse. There had been no incidents or allegations of abuse during the time the service was delivered. The service had systems in place that ensured that people were protected from avoidable harm and abuse.

The service had completed a range of risk assessments in preparation for the holidays. The process had included a manager and one of the directors of the company visiting the proposed site to ensure it was suitable for the needs of people being supported. Risk assessments included the travel arrangements, various activities, health and safety risks, medical emergencies and lone working. Staff were knowledgeable about the risk assessment process and its limitations. One member of staff said, "We will do risk assessments based on our plans, and then on the unexpected situations. If something unexpected happens we review and update the assessment."

People's files contained individual risk assessments relating to individual risks. These included comprehensive plans to support people who could present with behaviour which challenged the service, personalised activity risk assessments, the use of public transport, mobility, and moving and handling. The risk assessments were detailed and provided staff with the information they needed to mitigate risks faced by people. Where the service supported people in their own homes there was an environmental risk assessment in place.

People were supported to take their medicines by the service. People had individual plans relating to their medicines and these included details of what their medicines were for and how to support people to take them. Staff were confident in describing the medicines administration process and described how they would deal with errors appropriately. Records showed the service had audited and recorded medicines received and returned and two staff had recorded each dose of medicines administered.

People had been prescribed medicines on an 'as needed' basis for use in pain relief or during medical emergencies such as seizures. The guidelines in place for the use of these medicines were clear and thorough. They provided staff with the information they needed to know when to offer and administer these medicines. Where these medicines required specialist training to administer safely records showed staff had received this training and attended regular refreshers. Staff had been trained in medicines administration and management staff had assessed staff competency in administering medicines. A relative told us they had confidence in the service administering medicines that were on an 'as needed' basis. They said, "My relative has [medical condition] that can be triggered by anything, but the staff know what to look for and when to give the medicines."

The provider had calculated the staffing needs for the holidays based on the existing staffing ratios used to support people at the provider's day centre. The staff who supported people to go on the holidays had

volunteered from within the existing staff team and knew people well. Records showed that staff were recruited in a safe way. Records showed the provider completed competency and values based interviews which were assessed by three senior members of staff. The provider completed criminal records checks to ensure that people were suitable to work in a care setting.

Records showed in one of the staff files checked that appropriate employment and character references had been collected. However, records of references for the other staff member were not on the file. The provider had identified this when preparing the files for inspection. The member staff had been working in the service for a number of years and had demonstrated they were suitable through their work. The provider informed us that references had been collected at the point of recruitment but the staff responsible for recruitment records had changed and the records could no longer be located.

We recommend the provider seeks and follows best practice guidance regarding staff records and storage.

Is the service effective?

Our findings

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

The service had clear records that people and their relatives had been involved in planning for the holiday and had made decisions regarding activities, food and drink. Records of planning meetings showed these had been made accessible to people through the use of pictures and other user involvement methods. However, the service had not completed capacity assessments where there was doubt that people had capacity to consent to care. The MCA is clear that capacity to consent should be assumed unless proved otherwise. As there had been no recorded capacity assessment it must be presumed that people could consent themselves. The service had asked the parents of people who went on the holidays to sign consent forms. The service did not have a record that these relatives had the legal authority to consent on people's behalf. This meant it may not have been legal for them to provide this consent. Likewise where care was provided in people's homes and community there was no clear record that the person was consenting to their care and treatment or that it had been arranged through following a Best Interests decision making process under the MCA.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had been involved in planning meetings about their care. Records showed that these had included choosing the meals that people would eat while they were on holiday. The service had supported people to write a shopping list before they went on holiday and this included people's preferred breakfast and snack options. When the service was supporting people on holidays, main meals were mostly eaten out in restaurants and cafes. Where people were supported in their homes records showed they were involved in regular person centred planning meetings which included details of their dietary needs and preferences. This included a pictorial menu and shopping list that was accessible to the person. Relatives told us they were confident the service knew how to support their relatives with their eating and drinking needs. Where people followed specialist diets for health or religious reasons this was clearly recorded in care plans.

People using the service had a range of complex health conditions which were detailed in their care plans. There were robust guidelines in place for staff to follow in order to support people to maintain their health. Where appropriate, the service had in placed detailed guidelines for responding to seizures including details of how different types of seizures presented and appropriate responses. Where the service supported people in their homes and in the community they had detailed health action plans. These included details of their health conditions, health appointments and up to date medical advice.

Records showed staff received training in areas relevant to their role. Training completed included moving and assisting, health and safety, first aid, specific intervention approaches for people who presented with behaviour which challenged the service, autism, epilepsy and infection control. Records showed the service followed a structured induction and probation plan for staff when they joined the service. This included records of training and competence assessments, coaching sessions regarding policies and procedures and sessions on the values and approach of the organisation.

Staff told us they thought the organisation provided high quality training. One staff member said, "The training is quite extensive really." They went onto explain how staff were designated champions in certain areas, and received additional training which they then cascaded to other staff members. Another staff member said, "I really enjoy the training. They [the provider] are very supportive of additional training requests"

Records showed that staff were not receiving supervision in line with the provider's policy. Staff told us they still feel supported and could approach the registered manager outside of supervision if they felt they needed support. However, this does not replace the need for formal support and supervision sessions. The reasons for the lack of formal supervision to staff were discussed with the registered manager and nominated individual, who agreed that supervision was necessary for all staff.

We recommend the service seeks and follows best practice guidance for supervising staff.

Is the service caring?

Our findings

People who received a service were well known to staff as they had used the provider's day service provision for a number of years. Staff were selected from the existing staff of the day service and the service ensured they were staff who had good working relationships with the people they supported. A relative described how the staff knew people well and could interpret their behaviours in a highly skilled way.

Staff spoke about the people they supported with kindness and affection. They told us how they could identify people's moods and how to support them to improve their days. One member of staff described how they had been concerned the person may not enjoy the holiday as they had had a number of episodes of behaviour which challenged the service in weeks leading up to the holiday. The member of staff described how they had used pictorial support and detailed plans to support the person. The staff member said, "They came alive on this holiday. It was great to see."

A relative told us that one person had not stopped talking about the staff who had supported them since they returned from their holiday. The relative said this was a clear indication of the strength of the relationship they had developed over the holiday.

Staff described how they had facilitated people to develop friendships and relationships while they were on holiday. Staff told us that no one who currently received a service identified as lesbian, gay, bisexual or transgender. They explained that different types of relationships were explored with people through a relationships group at the day centre run by the provider. The provider had a nominated relationships champion in the staff team who ensured that people's right to have relationships was supported and respected.

People's religious and cultural needs were included in their care plans. No one chose to practice their faith while they were on holiday, though religious diets were respected.

Records showed the service had held a number of meetings both with individuals with their families and as a group in order to plan the holidays. Records showed that people had been involved in making decisions about their care. The meetings had been facilitated with visual images of the options available and recorded with images to assist people's understanding. Care plans contained a high level of detail about how people expressed their moods and communicated their needs.

Staff told us that they promoted people's dignity while providing care. Staff gave examples of how they would ensure that people's dignity was maintained during care, for example, by making sure that doors were shut and curtains closed during personal care.

Is the service responsive?

Our findings

The service knew the people they supported well from having supported them through their day services for a number of years. This was reflected in the level of detail and personalisation of the plans in place for supporting them on their holidays. The service had created an "Our Holidays" folder which contained accessible versions of the plans for the holidays, including the choices of activities on offer. Records showed that people had been involved in meetings where the activities available had been discussed and people had been supported to make choices about what activities they did during the holidays. A relative said, "I can only tell you what they told me, which was that they had a fantastic time. They went dancing in the evenings and never stop talking about it."

The provider had an easy to read version of their complaints policy that was more accessible to people who used the service. The provider recognised that paper documents would always be inaccessible to some people who received a service. In order to ensure that people and their relatives were able to complain and provide feedback the provider encouraged regular feedback between the service and people and their relatives. Relatives confirmed they were in regular contact with the service and were confident that any concerns would be responded to. There had been no formal complaints about the service.

The holidays had been discussed at both service user and relatives meetings. People and their relatives expressed an interest in going on holiday and this was the start of the more detailed planning and assessment process for the holiday. Records showed each person had been involved in a series of person centred planning meetings in the lead up to the holidays where their care and support preferences had been discussed. A relative said, "We were fully involved in the planning." Care plans contained communication passports where this was appropriate to support staff to understand people's communication, particularly when they did not use speech to communicate. These contained details of how people expressed their moods, including pleasure, unhappiness and boredom.

Staff told us, and records confirmed, they had liaised with people, their families and wider support networks to find out the details of how people wished to be supported with their care. The service recognised that supporting people during the holidays involved different support from what they usually provided in the day service and that supporting people with their morning and night time routines was very different from their usual role. Relatives had provided the service with details of people's usual routines and records showed this information had been recorded in care plans for staff to follow. The level of detail varied according to how much information had been provided by people's usual care givers. Staff told us they felt they had sufficient information to provide care in a way that met people's needs. Where the service provided care to people in their homes the care plan did not provide details regarding how they received care. The registered manager informed us that this was because staff always worked alongside relatives who were able to explain to staff what to do.

We recommend the service seeks and follows best practice guidance about incorporating personal care support into person centred plans.

During the holiday staff had supported people to record their experiences using photographs. After the holiday staff had created a holiday diary which included details of the activities people had participated in, the meals people had eaten and lots of photos of people on their holidays. The service had filmed people during the holidays and clips viewed showed people explaining that they were enjoying themselves. This was also how support provided to people in their homes and the community was recorded. However, the service had not maintained a contemporaneous record of care received by each person during the holidays. This was discussed with the registered manager and nominated individual. They told us they had not realised they needed to maintain this level of record keeping and advised us they would do so in the future.

We recommend the service seeks and follows best practice guidance about record keeping in a care setting.

Is the service well-led?

Our findings

Relatives spoke highly about the management of the service. One relative said, "Management was very involved and communication was very open. We spoke on the phone." Staff spoke highly of the registered manager. One staff member said, "The registered manager was really good. It was a big piece of work and she trusted us enough to delegate to us and was always there to support us." They continued that one of the directors of the company had also been very involved. They said, "The director played a central role. He was at all the meetings, on the emails and telephone calls. He was always available and gave us direction and focus."

The provider had a clear mission statement and values. Records showed that staff received training on this during their induction. The values of the organisation included a commitment to person centre care and ensuring that people were offered and able to make choices. A staff member emphasised they felt the management team were values driven. They said, "I think we [organisation] are well run. The management are client focussed." The culture and values of the organisation were person-centred and were embedded in the staff team.

The service had developed champion roles for staff. This meant that a named staff member was a designated lead in an area of support. Champion roles included autism champion, dignity champion and moving and assisting. In addition, the service had a driving up quality forum made up of stakeholders including people who used the service, family members and carers which oversees the quality assessment of the services across the company. Records showed that the planning for holiday schemes had come from these meetings and had been developed through staff meetings within the service.

After the holidays the service held a de-briefing session with the managers of the services involved and senior managers from the provider. Records showed this session considered the feedback received from people and their relatives, future plans, and outcomes for people. The meeting also considered lessons to be learnt from things that were more difficult. This included ensuring that staff were given time off before returning to their usual duties, adjustments to medicines processes, changes to record keeping, costs and planning. The registered manager also was in regular contact with relatives and people receiving a service in their homes. Records showed that plans of care were amended based on feedback received. This meant the service had evaluated the quality of the service and made plans for improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service had sought consent from relatives without ensuring they had the legal authority to provide consent on people's behalf.</p>