Eagle Care Homes Limited

Eagle Care Home

Inspection report

104 Victoria Road
Elland
Halifax
West Yorkshire
HX5 0QF

Tel: 01422373141
Website: www.elderlyresidentialcarehomehalifax.co.uk

Date of inspection visit:
26 July 2017

Date of publication:
14 August 2017

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 26 July 2017 and was unannounced.

At the last inspection in January 2017 we rated the service as 'Requires Improvement'. However, the service remained in 'Special Measures' as the well led domain was rated inadequate and the service had been rated 'Inadequate' overall at the two previous inspections in February and July 2016. We identified three breaches which related to notifications, displaying the rating and good governance. This inspection was to check improvements had been made and to review the ratings.

Eagle Care Home provides accommodation and personal care for up to 33 older people, some of who are living with dementia. Accommodation is provided over two floors with communal areas, including three lounges and a dining room, on the ground floor. There were 18 people using the service when we visited.

The home 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.

Following the last inspection the Care Quality Commission (CQC) had agreed the provider could admit new people to the service although any admissions had to be approved by CQC and there was a limit on the number of admissions which could be made each month. The provider fully complied with this condition and the feedback we received from people and relatives at the inspection showed people's needs were being met. People told us there were enough staff and this was confirmed in our observations which showed staff were available and responded promptly to people.

People told us they felt safe and this was echoed by relatives we met. Staff understood safeguarding procedures and how to report any concerns. Safeguarding incidents had been identified and referred to the local safeguarding team and reported to CQC. Risks to people were assessed and managed to ensure people's safety and well-being.

Medicines management systems had improved and were being monitored through regular audits. This helped to ensure people received their medicines when they needed them. Safe recruitment procedures were in place which helped ensure staff were suitable to work in the care service. Staff received the training and support they required to carry out their roles and meet people's needs.

People said they enjoyed the food and received plenty to eat and drink. Mealtimes were relaxed and well organised and we saw people were offered choices and given the support they required from staff. A choice of snacks and drinks were provided throughout the day.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

The environment was clean, fresh smelling and well maintained. People and relatives praised the care provided and described the staff as 'kind' and 'marvellous'. People were treated with respect and their privacy and dignity was maintained. People looked clean, comfortable and well groomed. People told us they enjoyed the activities.

People were aware of how to make a complaint and the complaints procedure was displayed.

People's care records were detailed, up to date and person-centred. We saw people had access to healthcare professionals such as GPs and district nurses.

People, relatives and staff praised the improvements that had been made since the last inspection. Everyone knew the registered manager and spoke highly of them acknowledging their leadership had resulted in better outcomes for people. Effective quality assurance systems were in place and we saw actions had been taken when issues had been identified.

Although the overall rating for the service is 'Good' we have rated the well-led section as 'Requires Improvement'. This is because of the inspection history of the service since February 2016 and the current low occupancy with only 18 people accommodated out of the 33 places which are registered. We therefore need to be assured the improvements identified throughout this report will be sustained and developed further so that when occupancy levels increase people will continue to receive a consistently high standard of quality care.

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.

There were sufficient staff deployed to meet people's needs. Recruitment processes ensured staff were suitable to work in the care service.

Medicines management had improved which ensured people received their medicines as prescribed.

Risks to people's health, safety and welfare were assessed and mitigated. Staff understood safeguarding and incidents were recognised and reported. The premises were clean and well maintained.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and support they required to fulfil their roles and meet people's needs

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. People's healthcare needs were assessed and staff supported people in accessing a range of health professionals.

Is the service caring?

Good

The service was caring.

Staff knew people well and were kind, caring and patient in their interactions with people.

Staff treated people with respect and ensured their dignity was maintained. People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care records were detailed, person-centred and reflected people's preferences.

People were offered a variety of activities.

Effective systems were in place to record, investigate and respond to complaints.

Is the service well-led?

Requires Improvement

The service was well-led, although we need to be assured improvements will continue to be sustained.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service. Improvements made at the last inspection had been sustained and there were no regulatory breaches.

A registered manager was in place and provided effective leadership and management of the home.

Eagle Care Home

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 under the Care Act 2014.

This inspection took place on 26 July 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience with experience of services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioners and the safeguarding team.

We sent the provider a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We spent time observing the care and support delivered in communal areas. We spoke with seven people who were using the service, seven relatives, three care staff, the cook and the registered manager.

We looked at four people's care records, one staff file, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms, bathrooms and communal areas.

Good

Is the service safe?

Our findings

At the last inspection we found the management of medicines had improved although there remained inconsistencies which related to recording stock balances and information about thickening agents. At this inspection we found these areas had been addressed and there were no regulatory breaches.

We observed the senior staff member administering medicines to people was kind, caring and patient. They explained what the medicines were and stayed with each person until the medicines had been taken providing assistance where needed. The senior staff member told us all staff who administered medicines had received training and had their competency assessed and this was confirmed in the training records we reviewed.

We looked at the medication administration records (MARs). Most people had printed MARs which had been supplied by the pharmacist which included a photograph of the person as well as information about each of their medicines and any allergies. When MARs had to be handwritten we found the entries were signed by two members of staff. This helped to reduce the risk of transcribing errors.

One person received their medicines covertly and records showed processes had been followed to ensure this decision was made in the person's best interest. The person's relatives, health and social care professionals and a pharmacist were involved in the decision making.

Arrangements were in place to make sure medicines prescribed to be taken at a specific time in relation to food were given correctly. Topical medicines such as creams and lotions were administered and recorded as prescribed. When medicines were prescribed to be taken 'as required' (PRN) there was guidance in place to help make sure they were used consistently. Medicine stocks we checked correctly balanced with the amounts recorded on the MAR. One person was prescribed a thickening agent to be added to their drinks to reduce the risk of choking. Records gave clear instructions about the amount of thickener to be used and showed staff were following these instructions.

Some medicines are classified as controlled drugs because there are particular rules about how they are stored and administered. We checked the storage, the records and a random selection of stock and found they were correct.

All medicines were stored securely and temperatures of the storage areas, including the medicines fridges, were checked to make sure they were within the recommended limits. Records showed the room temperature had slightly exceeded 25°C prior to the inspection. Temperatures higher than 25°C may adversely affect the therapeutic properties of medicines. We discussed this with the registered manager who told us this would be addressed straightaway.

We found there were sufficient staff to meet people's needs. The registered manager kept staffing levels under review using a staffing tool which considered people's dependencies. We saw staffing levels were adjusted according to occupancy and changes in people's dependencies. Staff told us there were enough

staff to keep people safe. One staff member said, "We all work as a team and support each other." We saw staff worked effectively together making sure there was a staff presence in communal areas. People who chose to stay in their rooms told us staff checked on them regularly. One person said, "They come in and make sure I'm alright. I know they're there if I need them."

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included requesting a criminal record check with the Disclosure and Barring Service (DBS) and two written references.

People told us they felt safe in the home. One person said, "I'm very safe here, they really look after us." Relatives we spoke with also felt their family members were safe. One relative commented, "(My family member) says (they) feel safer here than (they) did at home."

Staff told us they had received training in safeguarding and this was confirmed in training records we reviewed. Staff knew how to report any safeguarding concerns and were confident senior staff would take appropriate action. They were also aware of whistleblowing procedures. One member of staff told us, "I would not hesitate to raise any concerns if I had any." Safeguarding records showed incidents had been investigated and action had been taken to ensure people were protected. We saw appropriate referrals had been made to the Local Authority safeguarding team and we had been notified about safeguarding incidents as required.

We found risks to people were well managed. Risk assessment documentation was thorough and up-to-date and showed the control measures in place to mitigate risks to people. We saw personal emergency evacuation plans (PEEPs) in people's care files were detailed and described the support individuals needed from staff in the event of a fire. Staff confirmed they had received fire safety training and told us the fire alarms were tested weekly. We saw evidence of fire training and fire drills with people, staff and visitors.

Relatives told us the home was kept clean. One relative said, "It's very, very clean and there's never an odour. They are improving the environment as well, there's new chairs in both of the end lounges and they've put a wooden floor in the first lounge which is much more hygienic."

We found all areas of the home were clean, tidy and fresh smelling. We saw care workers wearing gloves and aprons at appropriate times. Environmental risk assessments, fire safety records and maintenance certificates for the premises were up to date and compliant. Robust window restrictors were in place to ensure people's safety.

We saw daily, weekly and monthly checks which included areas such as mattresses, cleanliness of the home and water temperatures.

Good

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had a good understanding of the principles of the MCA and DoLS and had made appropriate applications. We saw three people had conditions applied to their DoLS authorisations and care plans had been put in place to make sure the service was meeting these. Staff we spoke with were knowledgeable about the MCA and DoLS. For example, they could tell us what the conditions were for each person and how these were met. Staff understood how to support people who may lack capacity and described how they helped people make choices and decisions appropriately.

The registered manager told us all new staff completed an induction which included training such as fire safety, moving and handling and infection control as well as a period of shadowing a more experienced staff member. The registered manager was in the process of mapping their induction programme to the Care Certificate to evidence the inclusion of observation and competence assessments. The Care Certificate is a set of standards to equip health and social care support workers with the knowledge and skills they needed to provide safe and compassionate care.

The registered manager showed us the systems they used to monitor and record staff training which highlighted when updates were due. This identified training the provider had determined was mandatory and showed how often this should be updated. Training records we reviewed showed staff had completed up to date training in areas such as moving and handling, dementia care, fire safety, safeguarding adults, management of medicines and the MCA and DoLS. We saw several staff had vocational qualifications in care and others were working towards this award. Staff had also completed some specialist training such as palliative care. We saw evidence which showed further training had been booked to ensure all staff were kept up to date.

Staff said they felt well supported in their roles and confirmed they received regular supervision where they could discuss any issues on a one to one basis and appraisals. One staff member told us, "Yes we have supervision every three months and I have had an appraisal this year."

People told us they received plenty to eat and drink and said they enjoyed the food. Comments included; "The food's alright, it's just a bit plain for me but you get plenty. They seem to feed you all day"; "You don't go hungry here, the food is lovely. They just give me a little veg because I don't really like it. If I get a lot of

veg, I can't face it and I don't like to waste food. You always get want you want and if they haven't got it, they'll get it for you"; "The food is nice. They're always feeding us here" and "There's always juice available and you can help yourself to it. I don't bother too much with it because I prefer a hot drink."

We saw throughout the day hot and cold drinks and snacks were offered. People had breakfast as they got up during the morning. We saw those who chose to get up early had a hot drink and cereal and were also able to have more breakfast if they wanted later on which included a cooked option. Tables were nicely laid with tablecloths and vases of flowers as well as teapots, sugar bowls, milk jugs and condiments so people could help themselves. Where people needed assistance we saw staff provided this discretely and promptly.

At lunchtime people were asked where they would like to sit. The cook served the meals which were plated according to individually preferences, for example, less carrots, no vegetables or more potatoes. As the meals were placed in front of people, staff explained what the lunch was and asked people if they needed any help. We saw people's dietary needs and preferences were catered for. We spoke with the cook who was fully aware of people likes, dislikes and dietary needs. The cook told us there was always enough food and they received deliveries of fresh fruit, meat and vegetables each week.

People's care records showed they had been seen by a range of health care professionals including GPs, community matrons, district nurses, dieticians, opticians and podiatrists. Staff told us people's health care needs were well managed and said the GP was contacted straightaway if needed. One staff member told us, "We make sure people's needs are met in relation to any healthcare appointments." Care records confirmed this, for example, we saw a dentist had recently visited one person and staff were arranging for a physiotherapist to see another person.

Good

Is the service caring?

Our findings

People we spoke with were unanimous in their praise of the care they received and the staff. Comments included; "Staff here are kind, they look after me well"; "They're marvellous"; "I would never have believed I could be put in a home and be so happy. I know I'm well looked after" and "I like it here a lot."

Relatives were also complimentary about the care provided and made the following comments. "It's just like coming home. (Another of my relatives) was here for 4 – 5 years and there's been some big improvements this time even though it was good when my (relative) was here. I believe it slipped a bit in between. They know (relative who is in the home now) so well already. We feel (they) are very safe here"; "I haven't seen (them) this happy in ages, makes us feel better that we picked the right place"; "The staff are always very pleasant and welcoming. If I had a mother, I'd be happy for her to be here. They're very caring and they know us and (relative) very well"; They're lovely with (my relative)"; "It's a pleasure to come now and they know (them) so well" and "They're all so nice and caring and (my relative) gets on with everybody."

There was a calm, warm and friendly atmosphere in the home. People looked well cared for and were alert and interested in their surroundings. We saw staff took every opportunity to engage with people, acknowledging each person by name smiling and making eye contact. Where people were seated staff bent down to speak with them so they were face to face. People were relaxed around staff and we saw them smiling and laughing with staff as they chatted. Staff were attentive and noticed how people were feeling and responded accordingly. For example, staff noticed one person was quieter than usual and sat with them, listened to what they had to say and provided comfort and reassurance.

We saw staff encouraged and supported people to maintain their independence. For example, we saw one person with a walking frame was flagging and heard them say, "I don't think I can do this." We heard the staff member who was with them say, "You're doing really well. We're nearly there now (pointing to the chair nearby). There's no rush just take your time, have a rest for a minute." We saw the person stood with the staff member for a few minutes then walked on to the chair and when they sat down we saw them smile and say, "I did it." Another person told us how staff were helping them regain their mobility. They said, "The doctor came to see my legs this week and he thinks the sensation in my knees will come back but others have said there's no chance. They're certainly trying their best here. I do exercising on a Tuesday and I try them later on as well."

Our discussions with staff showed they understood how to maintain people's privacy and dignity. One staff member told us, "We always knock on the door and discreetly whisper to people to ensure confidentiality at all times", and we saw this happening in practice. People were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal appearance. For example, people had well laundered clothes and their hair had been brushed. Some of the ladies chose to wear jewellery and had their nails painted. We heard staff complimenting people on their appearance.

We saw people's bedrooms were clean, neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. This showed staff respected people and their

belongings. We saw people's names and photographs on bedroom doors so people could easily locate their rooms. Toilets and bathrooms were similarly identified. The registered manager told us they were looking at ways to make the environment more dementia friendly and showed us some bedroom doors with a different coloured surround which helped people living with dementia identify the door more easily.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the service and we saw detailed pre-admission assessments in people's care files. The registered manager ensured any specialist equipment such as sensor mats or a profiling bed was in place before the person was admitted.

We found care plans were detailed, person-centred and information was easy to find. People's preferences were recorded and the plans clearly showed what people could do for themselves as well as any support they required from staff. We saw care plans were reviewed and updated as indicated whenever the needs of the person changed. Daily records demonstrated care was being carried out in accordance with people's care plans.

We saw supporting documentation was well completed, such as food and fluid charts. Staff we spoke with understood the importance of completing these records accurately and keeping them up to date. We saw staff updating the charts when people had finished their meals or drinks. One staff member told us, "If I can't write it on the chart straightaway then I make a note of it on my pad and write on the chart as soon as I can that way I don't miss anything." Staff spoke highly of the care plans and supporting documentation. One staff member said, "I feel the care plans are easy to read."

We saw staff were responsive to people's needs and care was delivered in a person-centred way. All staff received a handover at each shift change which ensured they were kept up to date with any changes in people's care needs. We saw written handover information was thorough and provided staff with key information. For example, identifying where people had a condition on their DoLS and what this meant in practice.

People and relatives told us there were a variety of activities taking place. One person told us, "I've made a memory box and I like to dance when the music's on." Relatives said, "There's always something going on for them to do such as making cards, playing dominoes or baking. They're currently making memory boxes if they want to" and "She joins in with all the activities even doing things she would never have done before coming here. She has her nails done every week which she would never have considered before. She has her hair done weekly and she's making a memory box."

The registered manager told us the care staff were allocated to provide activities for three hours a day. We saw information about different activities was displayed in the home. This also included visits from external entertainers such as singers and an organisation who visited weekly and provided an exercise class. On the day of the inspection we saw staff helping people to make memory boxes. Staff sat with another person who we saw got a lot of pleasure looking through their photograph album and discussing their memories with the staff member.

We saw photos of activities such as events and day trips displayed in the home and people's care records showed the different activities and events they had been offered, which they had participated in and which ones they had enjoyed.

People and relatives told us they knew who to go to if they had any concerns or worries and felt confident any issues raised would be dealt with appropriately. The complaints procedure was displayed in the entrance hall. The registered manager told us no complaints had been received since the last inspection and this was evidenced in the complaint log. No concerns were raised with us during the inspection.

Requires Improvement

Is the service well-led?

Our findings

As demonstrated in other sections of this report, we found the registered manager had worked hard to secure improvements for people in all aspects of service delivery. This was evident from our observations and feedback from people, relatives and staff. However, due to the restrictions placed on admissions, the occupancy at the time of our inspection was 18 people out of the 33 places which are registered. We rated this domain as Requires Improvement as we needed to be assured the improvements identified throughout this report would be sustained and developed further, so that when occupancy levels increased people would continue to receive a consistently high standard of quality care. We have therefore rated this domain as Requires Improvement.

The company director had been managing the service since the last inspection and was registered as the manager of the service with the Care Quality Commission (CQC). Relatives and people who used the service all knew the registered manager and spoke positively about them. These were some of the comments made to us - "(The registered manager) is lovely and (deputy manager) is also very good. They have good rapport with all the residents and they're both always very welcoming"; "(The registered manager) is good. She's put in some rules which are better for the residents such as visiting rules and restricted meals. She seems to be much more organised and she's here most of the time. It was a bit of a concern when resident numbers were dropping but they're on the up again"; "It's much cleaner and better organised since (the registered manager) came. She's made a big difference"; "The management are very approachable and we're much happier since (the registered manager) came" and "The staff and management are always there for us".

Staff said they felt supported in their role. They said the registered manager supported them in ensuring good standards were maintained. Staff said the registered manager had time for them, was approachable and they could raise ideas or concerns if they had any. One staff member told us, "The registered manager is fantastic we all know what we are doing now and she supports us with anything we need. It's a lovely place to work." All staff we spoke to were happy with the improvements that had been made. One staff member told us, "We have more structure now, rotas have changed for continuity for people and we have a good staff team." Another staff member told us, "Improved so much, everything has from the environment to the people to the staff; people seem happier and more engaging."

Staff told us there were regular staff meetings. We saw minutes from a staff meeting in April 2017 which showed a wide range of issues were discussed including training and confidentiality.
We saw effective quality assurance systems were in place with a range of audits which were carried out regularly. These included areas such as medicines, care plans and risk assessments, as well as environmental checks such as maintenance and fire safety. We saw any issues raised by the audits were identified and action had been taken to address any shortfalls.

We saw improvements had been made to the way accidents and incidents were monitored and analysed. Each accident and incident report was reviewed by the registered manager and the record showed the outcome as well as any measures put in place to reduce the risk of the incident recurring. In addition to this there was a quarterly analysis that looked at any patterns or trends so lessons could be learnt.

At the last inspection we found the service had not been notifying the Care Quality Commission of all events that required reporting. This has been addressed by the registered manager and records showed we have been notified as required.

At the last inspection we found the inspection rating for the service was displayed in the home but not on the provider's website. At this inspection we found the rating was displayed in the home and on the provider's website.

We saw minutes displayed from a residents' meeting held in June 2017 which seven people had attended. Discussions included activities, outings and meals. Another meeting was advertised for 2 August 2017.

We saw surveys had been sent out to people and relatives in May 2017. The results had been analysed and were displayed in the home. Comments made included, "All staff very supportive, kind and caring and treat (relative) with respect and dignity"; "Very good" and "Very clean and organised."