

Amicura Limited

# Eagle View Care Home

## Inspection report

Phoenix Drive  
Scarborough  
North Yorkshire  
YO12 4AZ






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18 May 2021

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Eagle View care home is a residential care home providing accommodation and personal care to 37 older people at the time of our inspection. The service can support up to 42 people in one adapted building.

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

We received positive feedback from people and their relatives who told us they were happy living at Eagle View. People received personalised care and the staff team knew people very well.

Medicines were administered safely however, they were not always managed well or recorded accurately. Some records regarding people's medicines were not always in place. The providers medicine administration policy was not always followed.

The care plans were greatly improved, person centred and covered all aspects of people's care and included histories, wellbeing and people's personal preferences.

Improvements to infection prevention control practices were in place. All essential visitors had to wear appropriate personal protective equipment (PPE), and complete NHS Track and Trace information. Additional cleaning of all areas and frequent touch surfaces was in place and recorded regularly by staff. Training included putting on and taking off PPE, hand hygiene and other COVID-19 related training.

Additional competency and spot checks were carried out by the registered manager registered manager with all staff regarding safe use of PPE.

There were systems in place for communicating with people, their relatives and staff regarding peoples care and support. This included one to one meetings, handovers and team meetings. The environment was clean, safe and maintained to a good standard. It was also adapted to meet people's needs.

Individualised risk assessments were in place to ensure people could take risks safely. Staff were confident about how to raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

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.

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published on 19 February 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvement had not been sustained and the provider was still in breach of one regulation.

At this inspection we found improvements had been made to meet Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found not enough improvement had been made to meet the breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This remained a continued breach.

The overall rating for the service has not changed based on the findings at this inspection and it remains requires improvement. We have found evidence that the provider needs to make improvement. Please see the Well-led section of this full report. The provider had taken some action during the inspection to mitigate risks and continued to liaise with the inspector after the inspection to advise of further improvements scheduled and/or carried out.

#### Why we inspected

This was a planned inspection based on the previous rating. 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.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Eagle View Care Home

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Eagle View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spent time with people living at the service. We spoke with three people who used the service, the Deputy manager and the registered manager. We reviewed a range of records. These included four people's care records, a variety of records relating to the management of the service, audits and procedures.

#### After the inspection

We carried out telephone interviews with 10 members of care staff and 12 relatives. We continued to seek clarification from the provider to corroborate evidence found. We looked at more audits, care plans, reports and policies.

# Is the service safe?

## Our findings

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

At the last rated inspection this key question was rated as Requires Improvement. At this inspection this key question remains the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had not taken steps to embed current government guidelines to lower the risk of transmission of infections and viruses. For example, furniture had not always been set up to encourage social distancing to lower the risk of transmitting the Covid-19 virus.

The provider had not done all that was reasonably practicable to assess and monitor some risks to people's safety and welfare. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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.

### Using medicines safely

- Medicine administration records were not always completed fully.
- Medicine protocol records for people who take medicines as and when required (PRN) were not in place.
- Peoples liquid medicines were not all given opening dates to ensure they were used in the appropriate timescales.
- The provider took steps to make some improvements following the inspection.

### Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety. However, we received mixed response from staff and some relatives regarding staffing levels and the impact on the home at busy times. The registered manager used a dependency tool to calculate safe staffing levels and agreed to

change deployment of staff at busy times to enable individualised support to be maintained.

- Staff were recruited safely, using robust checking methods to ensure only suitable people were employed.

#### Assessing risk, safety monitoring and management

- People's risk assessments were improved and regularly reviewed, and personal emergency evacuation plans were in place.
- Where risks were identified, care plans showed ways in which staff could reduce these risks.
- Fire safety procedures were in place along with regular checks of equipment.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded. The registered manager and provider analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.

#### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff had received safeguarding training and knew how to raise any concerns.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff ensured people were involved in decisions about their care. Staff understood their role in making decisions in people's best interests and these decisions were appropriately recorded in improved records.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control. One relative told us; "Nothing is forced, they go at there pace with decisions."
- Health professionals and staff completed capacity assessments where required, to ensure people were supported appropriately to make decisions.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and had the right skills to meet their needs. Feedback from staff regarding their training was mixed. The registered manager agreed to source further training to develop staff knowledge for people's needs around specific conditions.
- Staff received a robust induction and were supported in their role.

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

- The environment was fully accessible, with a range of adaptations and equipment to meet people's needs.
- The home was maintained to a high standard and reflected people's needs.

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

- People's eating and drinking needs were met by a varied and nutritionally balanced diet. People gave us

positive feedback about the food.

- Staff were aware of people's dietary needs and people who required a specialist diet were supported well for example, allergies and food textures. One member of staff told us; "I did online training and some training about thickener for drinks."

Staff working with other agencies to provide consistent, effective, timely care

- People had personalised hospital passports in place. These records share important information in the event of a person visiting hospital for treatment. This enabled information to be shared with healthcare professionals, if needed.
- Staff worked in partnership with external professionals, such as social workers and GPs to support and maintain people's health.
- People had personalised care plans covering their healthcare needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law and Supporting people to live healthier lives, access healthcare services and support

- Outcomes for people were met; their preferences, care and health needs were assessed and regularly reviewed.
- The service enabled people to maximise their health outcomes by working with specialists such as the speech and language therapy team.
- Timely referrals were made to other healthcare professionals.

# 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 key question with this provider. 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.

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

- There was a positive rapport between people and their support staff. Positive interactions were observed throughout the inspection.
- People were supported to maintain relationships with their friends and family during the pandemic through safe visiting and other communication methods. One relative told us; "My relative seems settled, they are not good on the phone, but I can visit now to see them."
- Staff always treated people with kindness and respect. Staff were trained in dignity and respect.

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

- People were supported to discuss any changes to their care plans along with their family.
- People were supported to have their say and had an independent advocate where required.
- We observed a busy but positive atmosphere and mutual respect between people and staff. One member of staff told us; "We keep people involved in the conversation. One person can't get out of bed and struggles to communicate we always explain what we are doing. Smiles and eye movements indicate what's working right."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy.
- People were supported to have increased independence. One member of staff told us; "We involve people in making choices to keep their independence where they can."
- Staff engaged with people in a dignified way. One member of staff told us; "I promote dignified care; I am outspoken, and I will address it with other care staff."

# 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 key question with this provider. 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

- Care plans were in place for people who used the service, these covered all aspects of care and support, these were personalised and reviewed regularly.
- The support people received was individual to their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities socially and culturally relevant to them

- People were supported to take part in activities, the home had two activity co-ordinators. During our inspection people were planting seeds for the garden.
- Staff supported people to take part in activities but feedback from staff was mixed about the range of activities on offer. The registered manager was working with the co-ordinators to improve the choice of activities to introduce more meaningful and personalised options.

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.

- Communication needs were met individually. Easy read materials were used where appropriate. Information and communication was adapted to suit people's preferences.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place that was followed by the registered and staff.
- People were supported to raise any issues. Where issues had been raised these were addressed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection (under the previous provider) the provider had failed to ensure records were accurate and consistently completed and that robust monitoring and auditing was in place to ensure people's needs were being met. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the new provider was still in breach of Regulation 17.

- Peoples medicine records were not always fully completed.
- People who take medicines as and when required (PRN) need protocols in place for guidance and these were not always in place for several people.
- Peoples administration records for PRN medicines were not always completed to record their effectiveness or the outcomes for the person.
- Peoples medicine administration records and stock counts were not always completed fully.
- Peoples liquid medicines were not all given opening dates to ensure they were used within the appropriate timescales.
- The providers medicines administration policy had not always been followed.
- The provider's systems to audit the quality and safety within the service were not always effective. These did not identify the issues we found during inspection.

The above demonstrates a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Policies were up to date and in line with best practice.
- The provider had contingency plans for people, to ensure minimal disruption to care in case of an emergency and in response to the COVID-19 pandemic.
- The provider had sent CQC notifications of significant events occurring within the service, as required.

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

- Staff responses regarding the culture of the home were mixed as some felt that staff morale was low.
- The registered manager encouraged people and staff to go to them and be open and honest. Staff told us they could approach the registered manager to share ideas or concerns. However, there was a mixed response regarding the effectiveness of the process.

#### Continuous learning and improving care and Working in partnership with others

- The registered manager took on board the opinions and views of people and their relatives to make improvements. One relative told us; "If I have any complaints I go to the manager, there was a small problem however that has been rectified now and I am happy."
- People were supported by a range of healthcare professionals and the registered manager had developed working relationships.

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Policies were current and in line with best practice to ensure lessons are learned.
- The registered manager was open with the inspector during the inspection.

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Peoples care plans included how to support people with emotional support, expressing their sexuality as well and spiritual and wellbeing.
- People, relatives and staff were asked for their views on the service.
- People had access to advocacy support to help support their human rights where appropriate.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure records were accurate and consistently completed and that robust monitoring and auditing was in place to ensure people's needs were being met.</p>