

Minster Care Management Limited

Eagle View Care Home

Inspection report

Phoenix Drive
Scarborough
North Yorkshire
YO12 4AZ

Tel: 01723366236

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eagle View is a residential care home providing personal care to 38 people at the time of the inspection. The service can support up to 42 people, some of whom may be living with dementia or a physical disability. The premises are in one adapted building over three floors.

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

Risks to people had not always been identified, assessed and measures put in place to mitigate them. Staffing levels and deployment were being monitored to ensure people's safety and well-being was managed. We have made a recommendation about risk management. Accidents and incidents were recorded and managed appropriately. Overall medicines were managed safely, recording issues have been addressed in well-led section of this report.

Systems in place to support good nutritional intake were not effective. People did not always receive support from staff to eat and drink. Monitoring records to highlight concerns were incomplete which did not support health professionals to determine treatment plans. We have made a recommendation about this. Recruitment systems were robust. Staff supervisions and appraisals were being scheduled. We identified some gaps in training, which the registered manager took measures to address.

People had not always received regular activities. Records in this area did not demonstrate meaningful interactions with people that were living with a dementia related condition. The registered manager appointed a new activities co-ordinator and staff were due to support improvements in this area. We have made a recommendation about this. End of life care plans required further work to ensure people's wishes were respected.

Governance systems were in place including quality audits. The registered manager acted promptly to rectify areas identified as needing improvement during the inspection and had already made improvements which were beginning to impact positively within the service. However, some areas were a work in progress and required time to demonstrate they could be sustained and embedded in practice.

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. Some improvements were needed to ensure that documentation was accurately completed and contained the information about how least restrictive options had been considered when making decisions.

People were treated with kindness and respect. The majority of staff knew people's needs and how they preferred to be supported. Staff knew how to support people in a dignified way. Care plans needed further work to promote people's independence.

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

Rating at last inspection

The last rating for this service was good (published 1 February 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to staffing and governance. These included gaps in training to support staff undertake their role; staffing levels and deployment of staff to meet people's needs; various issues with records and audits highlighting areas that required improvements to be made.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

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.

Inspection team

This inspection was carried out by one inspector and an assistant inspector on the first and second day of inspection. On the third day one inspector attended.

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 on day one and announced on the second and third dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from partner agencies and health professionals. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, three relatives and two visitors about their experience of the care provided. Four health professionals provided feedback about the service during the inspection. We spoke with twelve members of staff including two area managers, the registered manager, two senior care workers, 3 care workers, 1 ancillary worker, 1 maintenance person, an activities co-ordinator and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and we required further improvements to be made. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staffing levels did not always keep people safe. For example, people requiring supervision due to behavioural concerns and cognitive impairment had been left unsupervised during busy periods. We discussed our observations with the registered and area managers on day one of the inspection. The provider had made changes in relation to staff deployment on day two, but this did not fully address the issues we observed during the second and third days of our inspection.
- Staff and relatives raised concerns about staffing levels. Comments included, "Middle floor could do with extra person due to dependencies, quite a few with behavioural needs or that require two people" and, "There's not enough staff."

The above demonstrates a breach of regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment procedures were safe and robust.

Assessing risk, safety monitoring and management

- Risks to people had not always been identified or managed effectively. For example, some people had risks associated to their health conditions. There was no guidance for staff to mitigate these risks.
- Where people could present with behaviours that challenge the service risks had been identified. Measures in place to prevent future reoccurrences were not always detailed and information some staff told us was not recorded in people's risk assessment or care plans. The provider had updated some records during the inspection and would ensure all other records were reviewed and updated.
- Environmental risk assessments had not always been fully completed. For example, one person was prone to falls and had not had their environment risk assessed. The provider told us they would review all care records to ensure these were completed.

We recommend the provider continues to review and update people's risk assessments. To include clear and detailed guidelines for staff to mitigate future risks.

- Fire safety checks and individual evacuation records were completed for people. The premises were well maintained, service and safety checks had been completed in line with current legislation.

Using medicines safely

- Overall people's medicines were managed, administered and disposed of safely. We highlighted some

areas that required improvement. There was no evidence of impact to people's health or wellbeing.

- We observed some poor infection control practices during administration of one person's medicines. The registered manager assured us this would be discussed with the member of staff responsible and addressed as part of their supervision.
- Staff recorded the application of creams and lotions on topical administration records. Body maps had been completed so staff knew where to apply these.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from avoidable harm or abuse. Records showed that staff had raised concerns and these had been reported to the appropriate agencies.
- Staff received regular safeguarding training to maintain their knowledge.
- The local authority had no ongoing concerns about safeguarding incidents. One professional advised, "I have no safeguarding concerns here at present. [Registered managers name] is very transparent in contacting us and putting safeguarding concerns through."

Learning lessons when things go wrong

- Lessons had not always been fully shared with staff to encourage learning and development. This was an area the provider was currently focusing on.
- Accidents and incidents had been managed well. The provider had taken appropriate measures to improve management in this area. Records detailed actions taken, observations and any other input from health professionals.

Preventing and controlling infection

- The service was clean and tidy, with no malodours.
- Overall staff were observed using good infection prevention and control measures. Personal protective equipment was available to staff when needed.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's care and support needs were not always accurately reflected. For example, one person's pre-admission assessment advised they were prone to certain types of conditions and required their legs elevating. The registered manager verbally confirmed they had their own footstool and specialist bed. This information was not included in the persons care plan.
- Staff supported people's choices and preferences. Care plans documented peoples likes, dislikes and preferences so staff could respect them.
- Best practice tools were used to assess people's needs. For example, those at risk of malnutrition and dehydration.

Staff support: induction, training, skills and experience

- Staff had not received regular supervisions and appraisals since our last inspection. The current registered manager had taken steps to address this and assured us these would be scheduled for all staff. More recent records showed some people had received more regular supervisions.
- Staff did not always feel supported to carry out their role.
- We identified some gaps in staff training. Some staff raised concerns that they had not received training to use positive behaviour support (PBS) or practical elements of moving and handling. PBS training would support staff to identify the reasons behind the behaviours and plan an engaging approach to support them. The registered manager confirmed training courses had been scheduled and they were looking to resource some more specialist training to support staff.
- Inductions could not be evidenced for all staff, including agency. The provider showed us a new induction document they were introducing to improve this area.

The above demonstrates a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not always fully supported to eat and drink during mealtimes. In some areas staff were too busy to support people that required prompting to eat their meal. We discussed these concerns with the registered manager and they were looking to review peoples support needs and staff deployment to address this.
- People's dietary and fluid intake was not always fully documented. Recommended daily amounts were

not always detailed or totalled up to show whether people's nutrition and hydration needs had been met. Records were incomplete. This made it difficult for staff to identify when people required further specialist input. The registered manager had been addressing this during staff meetings and planned to continue to monitor this area.

- People's care records detailed specialist advice, to guide staff. This included where diets required modification to support people to swallow properly and prevent choking.
- Snacks and drinks were not seen to be available to those people walking around the service and unable to communicate their needs. We discussed alternative ways of supporting people's nutritional needs, such as finger foods. The registered manager advised they would be improving this area.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had sought advice and guidance from external health professionals when needed. However, records required further improvement to show concerns were identified in a timely manner.
- The provider had been working with the local authority to improve practise across the service.
- People received support to access health professionals when needed.
- People had been referred to external health professionals such as speech and language therapists for support.
- Care plans did not always include information about people's full medical conditions and how best to support them. Risks associated to these conditions had not always been identified and risk assessed. The provider took steps to address this during the inspection.

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

- People living with dementia were not always able to orientate themselves independently. We discussed using more dementia friendly signage and interactive activities to support people.
- People decorated their rooms with personal items of their choosing. Some people had brought their own items of furniture to make their personal space homelier.

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. 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.

- The registered manager advised that applications to deprive people of their liberty had been reviewed and submitted within the specified timeframes.
- Some improvements were needed to ensure the principles of the Mental Capacity Act 2005 were being followed and that decision-making processes were clearer when people lacked capacity. For example, best interest decisions for people using bed rails did not record least restrictive options considered as part of the

decision making process.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff treated people with kindness and respect. Relatives comments included, "The staff do care" and, "The care is brilliant."
- Staff treated people with warmth and compassion. A relative told us, "I think they're very caring, they do all sorts of things for the residents. The party on Friday was very good and lots of people got involved. They do all sorts like doing the ladies nails and the hairdresser, and [relative] is always clean and smartly dressed."
- Some staff did not feel confident they had the knowledge to support people with complex behavioural needs. We observed people at times showing signs of distress and anxiety. Staff approached them calmly and provided reassurance to them.
- Staff were trained in equality and diversity and understood how to protect people's rights.

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

- People were supported to express their views and make decisions. One person told us, "Staff ask me if I'm happy or what would I like for lunch."
- Staff involved people in decision making throughout the day. They asked them what they would like to do and where they would like sit during mealtimes.
- The provider had engaged people, their relatives and staff in regular meeting to encourage feedback and suggestions to improve the service. One relative advised, "We have residents' meetings every few months and minutes are done, and action is taken." Actions taken included changes to menu choices.

Respecting and promoting people's privacy, dignity and independence

- People's care and support plans did not always show how people's independence was promoted. Some care plans did not detail specific details about what care people could do for themselves.
- Experienced staff were aware of people's needs but without records, agency and new staff would not have the same awareness of people's abilities. The provider updated some records during the inspection and advised this would be a work in progress.
- Staff treated people with dignity and respect. One relative told us, "They [staff] respect my wife's privacy and dignity, I even have to leave the room."
- People's information was held securely within locked offices or password protected on an electronic system. These records were only accessible to staff who needed the information to carry out their role.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- Activities and events had been planned in line with people's hobbies and interests. An activities co-ordinator had commenced employment during our inspection. One person told us, "We have singers come in and bingo and quizzes. I like to join in. the garden is beautiful in summer, we can sit outside with carers who keep us safe. I couldn't ask for any better."
- Activities for people living with a dementia related condition required further work to ensure they were engaging and meaningful. The registered manager was working with the activities co-ordinator and staff to improve this area.
- We observed many people sitting in their armchairs and some were asleep. Given the feedback from people, and the work pattern of the activity co-ordinator, we could not be assured that people's individual and specialist needs were being met.

We recommend the provider reviews activity provision for those people with dementia to ensure it is meeting their individual and specialist needs.

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

- Staff knowledge about people's needs and how best to support these was not always reflected in their care plans. For example, staff described how they would approach one person with behaviours that challenged. This information was not in their care plan so that other staff could provide a consistent approach.
- The provider started to take measures to address these shortfalls during the inspection process and recognised this work would take time to embed.
- People's preferences were captured in care plans. For example, what time they preferred to get out of bed or whether they preferred a male or female member of staff to carry out personal cares for them.

End of life care and support

- Personalised and comprehensive end of life care planning was not always in place. This is important to ensure people's end of life wishes are supported and respected in the event of a sudden death occurring. The provider advised they were in the process of reviewing advanced decisions to improve this area.
- Some staff had received end of life care training. The registered manager was keen to arrange further training with the local hospice team. No-one was receiving end of life care during our inspection. Processes were in place to arrange anticipatory medicines if and when required.

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

- People had communication care plans in place. These required further detail to tailor support for people with behavioural needs.
- Staff used different methods and formats to communicate with people. For example, speaking slowly or providing large print documents.
- Information displayed around the service provided people with knowledge about events and activities.

Improving care quality in response to complaints or concerns

- A complaints process was in place and displayed in the service. People and their relatives were confident that any issues they raised would be dealt with appropriately.
- People were able to raise concerns anonymously if they wished to do so by using the suggestions box.

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 good. At this inspection this key question has deteriorated to requires improvement. This was because governance and auditing systems needed to be more robust to identify where improvement was needed.

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

- The inspection process highlighted some issues which audit systems had failed to identify, such as the training required to support staff to meet people's needs in relation to their behaviours; medicines records required further improvement.
- People's care records were not always complete or sufficiently detailed. For example, Some risk assessments and MCA documentation.
- Care plan reviews had taken place, but further work was needed to ensure these reflected people's current needs in terms health conditions and associated risks. There was some inconsistencies in information across different documents which also required review.
- Regular and robust monitoring and auditing of people's care records and monitoring charts was required by the registered manager so they can feel confident people's needs are being met.

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

- The provider had systems in place to audit the quality and safety within the service. Systems had identified some areas requiring improvement, and an action plan had been developed with the area manager. This evidenced where progress had been made, and where improvements were still needed.

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

- We received mixed feedback about staff morale and the culture of the service. The registered manager had been implementing many changes to improve the service since they came into post. Some staff advised, "Too many chiefs and not enough Indians" and another said, "I feel the changes have been positive, it's just a lot of changes all at once which can be difficult."
- We received mixed feedback about whether staff felt confident whistleblowing any concerns or issues. Comments from staff included, "Posters that used to be around the service advising how to this could be done have been removed. So I would be unsure who to contact" and, "I would feel confident using the whistle blowing process." We fed this back to the registered manager for them to address.
- People felt cared for by staff who were kind and caring towards them.
- The registered manager had already identified the need for further training, more activities provision and introduced various improvements such as more robust auditing tools including a dignity audit and pictorial menus.

- Staff deployment and levels were continuously being reviewed to ensure people's needs around nutrition and hydration, behaviour support and activities were met.

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

- Duty of Candour requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

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

- Regular meetings took place to consult with people about the service they received. Feedback from people and their relatives was positive. Various suggestions had been actioned to improve people's experiences.
- Some staff did not always feel they were valued or listened to. This was in part due to mixed feedback being received from senior management. We discussed this with the registered manager who took steps to ensure a consistent approach and feedback given to staff in future. The registered and area manager had increased staff meetings to listen and focus on staff morale.
- Feedback questionnaires were issued to people, relatives and professionals annually to gain their feedback about the service. The majority of feedback we received from health professionals was positive with some areas still to be improved, which have been highlighted in this report.

Working in partnership with others

- Care records evidenced staff accessing support for people from a range of health and social care professionals.
- The registered manager was working with the activities lead to form links within the local community.

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>Quality assurance processes failed to identify all the areas requiring improvement. Some records required further detail to manage all aspects of peoples care and social needs. Decisions made in peoples best interests required further improvement to ensure least restrictive options were considered and recorded.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staffing levels and deployment were not sufficient to meet all aspect of peoples needs. Gaps were identified in training. Supervisions and appraisals had not been regularly completed.</p>