

# Eunistar Health Consultant UK Limited

## Gillingham Road

### Inspection report

113 High Street  
Gillingham  
ME7 1BS

Tel: 01634926177

Website: [www.eunistarhealthconsultants.co.uk](http://www.eunistarhealthconsultants.co.uk)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

### About the service

Gillingham Road is a domiciliary care agency providing personal care to two people at the time of the inspection. People who used the service were older people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We received positive feedback from people who used the service and relatives. Comments included, "Yes, I feel safe with the staff", "They do give me choice at all times." And "They do arrive on time. I do turn up unannounced and I meet them there. They are good."

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At the time of the inspection, the care agency was not providing support to anyone with a learning disability or autism.

The service was not able to demonstrate fully how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

The service (or staff) supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. However, staff recruitment had not fully promoted safety. Recruitment processes were not always fully carried out in line with legislation.

Staff supported people to take part in activities and pursue their interests in their local area.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

### Right Care

Care plans contained risk assessments which were linked to their support needs. However, some risks were not assessed and there was no information for staff about how to support people to remain safe in such areas.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs

and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

#### Right culture

There were no robust audit systems in place to check the quality of the service. We found no audits of the areas of concerns found.

People's quality of life was enhanced by the service's culture of improvement and inclusivity.

Staff were skilled in carrying out their role. The registered manager ensured staff were appropriately trained.

People's needs were assessed prior to receiving a service including their protected characteristics under the Equalities Act 2010. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 8 May 2018 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see Well Led sections of this full report.

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

#### Enforcement

We have identified a breach in relation to governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 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** ●

# Gillingham Road

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection, there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 21 June 2022 and ended on 28 June 2022. We visited the location's office on 21 June 2022.

#### 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, but we received no feedback. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person and one relative about their experience of the care provided. We spoke with four member of staff and the registered manager.

We reviewed a range of records. This included two people's care records and risk assessments. We looked at three staff files in relation to recruitment and staff 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.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. 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.

### Staffing and recruitment

- Staff recruitment processes had not always promoted safety.
- The provider had not carried out sufficient checks to explore the staff members' employment history to make sure they were suitable to work with people who needed safeguarding from harm.
- Recruitment processes were not always fully carried out in line with legislation. There were gaps between staff education and employment histories in two staff files that were not fully explored. What staff did before they started employment was not recorded and was not discussed as part of the interview process. This meant that the registered manager did not have full employment history as required by the legislation.
- The recruitment policy for the provider stated staff needed at least two references, one of which must be the applicants current or recent employer. However, references had not been obtained in line with this policy. For example, two staff files showed only one reference was obtained and in another, we found no reference.
- Records showed that not all staff were vetted through the Disclosure and Barring Service (DBS) before they started work, to keep people safe from harm. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. For example, one person had a previous employer's DBS in their file.
- We spoke with the manager about our findings. They told us that these shortfalls would be rectified immediately, and evidence sent to us after the inspection.
- There were enough staff to support people safely. No calls had been missed at the service. There was an out of hours cover if staff needed to call someone for assistance when the office was closed.

### Assessing risk, safety monitoring and management

- Risks to people were not always assessed, monitored, and robustly mitigated.
- When people were at risk of falls there was no falls risk assessment and guidance for staff on how to minimise risks. For example, one person who had previous history of falls had no falls risk assessment in place to mitigate risk of harm. Following the inspection, the registered manager had implemented falls risk assessment. However, this was implemented after we identified this.
- Another person was assessed as at risk of skin breakdown. We found no skin integrity risk assessment in place. There was no guidance for staff about applying cream to the affected area. The registered manager confirmed this should have been in place. This was sent to us after the inspection identified this shortfall.
- Staff were knowledgeable about how to support people safely. A member of staff said, "Regarding risk of falls, I am aware of this in the care plan and I ensure I strictly follow moving and handling training I

completed to ensure I support people safely." Another said, "I report any changes to people I support skin to my line manager and relatives. They will contact the district nurse or GP."

- Risk assessments about moving people safely gave staff guidance about what specialist equipment to use, such as ceiling hoist or slide sheets, to make sure people were moved safely. Staff demonstrated full knowledge of how to use this equipment safely.
- Specialist equipment used in people's homes was checked to make sure it was safe to use. The registered manager maintained oversight of when services of equipment were due.

#### Using medicines safely

- Medicines were not being administered. However, the registered manager told us that if required, they would be able to manage people's medicines safely. A relative said, "They presently do not give medicine. However, this may change later"
- Staff had received medicines training. The manager told us they had annual medication competency check document to be used whenever medication administration commenced.
- Medicine administration records (MARs) were in place for recording medicines if needed.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. For example, the registered manager had ensured all staff used appropriate protective equipment (PPE), due to the COVID-19 pandemic. Staff had access to enough personal protective equipment (PPE). We saw ample storage of PPE in the service.
- The provider's infection prevention and control policy was up to date. Staff had completed the relevant training. Staff told us they were using PPE effectively and safely. One person also told us, "They use mask and gloves at all times."

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

- People told us they feel safe with the care staff and they all know what to do if they were not comfortable with them. One person said, "Yes, I feel safe with them at all times."
- The provider had a safeguarding system in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these. The registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required.
- Staff had received training on adult safeguarding and understood their responsibilities to record safety incidents, raise concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is about protecting people from harm or abuse. If I suspect anything, I need to report it to the office immediately."

#### Learning lessons when things go wrong

- The registered manager had a folder for recording any accidents and incidents. The registered manager told us they had not had any incidents or accidents since the service started.
- The registered manager told us that any incidents, accidents and near misses would be documented and monitored to ensure they learnt lessons from them.
- Staff told us they knew how to raise concerns to their registered manager and record these as incidents and near misses and learn from these to keep people safe.



# Is the service effective?

## Our findings

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

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

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

- The registered manager undertook an initial assessment with the person before they started providing care and support. Evidence seen showed the person and their relatives were involved in the assessment process. A relative said, "Yes, we were provided with required information. We were involved in the care plan."
- Records showed that the initial assessments had considered people's protected characteristics under the Equalities Act 2010. These were identified as part of their needs assessment, such as their race, gender, sexual orientation and religion. A relative said, "They support her well. They go to same church and she loves it."
- Care plans reviewed showed that information gathered at the assessment stage was used to develop people's individual care plans.

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks each member of staff was required to complete as part of their role. Care staff also completed shadow shifts before attending visits on their own. A member of staff said, "I did an induction for a week. I was shadowed before starting on my own."
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete other courses as they wished.
- As a newly registered service, staff had not yet had an annual appraisal. Evidence showed staff had monthly supervision meetings with the registered manager. Staff told us they felt supported in their roles. They said, "I know my manager. I can talk freely and I have my monthly supervision and I feel valued."

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

- Care plans included a nutrition and hydration risk assessment and guidance for staff on people's dietary requirements.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. Mealtimes were flexible to meet people's choices. People could prepare their own meals or have staff prepare them. People told us they could choose to eat out or receive a takeaway.
- Staff demonstrated they understood the importance of following set guidelines in place. They followed people's care plans which detailed the support they required with eating and drinking.

- Staff received training regarding Diet, Nutrition and Hydration, so they had the knowledge to support people to eat healthily.

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

- A relative confirmed to us that staff were meeting their mum's needs. They said, "Yes, they are meeting her needs well and I am happy."
- Staff monitored people's on-going health conditions and sought assistance for them as required. For example, seeking guidance from district nurses and GPs whenever required.
- Staff told us they would report any concerns they had about people's health to their relatives and healthcare professionals, who would in turn take required action. A relative said, "They contact me if there is anything to report."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's capacity to consent to care and support had been assessed and recorded. For example, one person had signed and consented to the care that was provided by the service when they started providing support.
- The registered manager and staff had received MCA and DoLS training. They understood people had the right to make their own decisions about their care.
- Staff understood and supported the person to make day to day choices. Where people had capacity, staff understood they had the right to make unwise decisions. Staff said, "I give choice of clothes to wear, what food [person] would like to eat as it is important."
- Where relatives had lasting power of attorney for people and were legally able to make decisions on people's behalf the registered manager understood they had to check this was in place before service started. We saw evidence of this in their care plans.

# Is the service caring?

## Our findings

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

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

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

- The relative we spoke with told us their loved one was treated well. They said staff were caring, "The carers are very caring."
- Staff knew the person well. People's equality and diversity needs under the Equality Act 2010 were supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and dignity by staff. One person said, "Yes, they respect my privacy and dignity at all times." A relative told us staff treated their loved one with dignity. They said, "Mum took to them and like them. They do respect her privacy and dignity and see to her welfare."
- Staff gave us examples of how they supported the person to maintain their dignity. For example, during personal care, the door would be kept closed and the person covered as much as they required.
- People and their relatives were supported to express their views regularly and were involved in making decisions about their care and support. One person said, "Yes they do involve me in what they do." A relative said, "Both Mum and I are fully involved."
- Care records promoted people's right to independence and focused on what the person was able to do for themselves. For example, in one person's care plan it stated they needed full assistance with bathing, dressing, meal preparation, toileting and household task. We spoke with the person and they confirmed that care staff enabled them to do as much as they can for themselves such as when having a bath and dressing.
- The registered manager was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. Care records and files containing information about staff were held securely in locked cabinets in the office and electronically on the computer. We observed in the office that computers were password protected to ensure only those authorised to do so could access them.

# Is the service responsive?

## Our findings

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

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

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

- Staff had a good understanding of people's individual preferences. Care plans supported staff by including personal history, interests and staff understood these.
- People had a designated care staff who supported them with all their daily needs. For example, female staff were matched to the person based on their preference.
- Care plans were detailed, personalised to suit individual's need, and placed people's views at the centre. People's care plans were detailed and informed staff what people's abilities were and the support they required from staff.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff and relatives which benefited the care of the person. A relative confirmed this and said, "They fill out daily notes. They also contact me if there is anything to report."
- Care plans were reviewed with the person and their relatives at least every six months but may be more frequent based on people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us that they would make documents available to the person they supported in different formats such as large print if needed.
- People's communication needs had been assessed and staff knew how to communicate with the person based on the assessment. The assessment asked the person how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave the person the choice of how to be communicated with.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- One person said, "Yes, I will complain to the manager, but I have not had to complain." A relative said, "If I had any complaints, I will contact the registered manager."

- The service had not received any complaints in the last 12 months.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

#### End of life care and support

- The service was not supporting anyone at the end of their life.
- The registered manager told us that they had in depth conversations with people and their relatives about end of life plans. A relative confirmed this and said, "To keep mum at home as long as possible is our goal. We will continue to discuss this as at when necessary."

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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

- The service had not implemented effective systems to assess, monitor and improve the quality and safety of the services provided. There were no audits for care plans, risk assessments and staff recruitment files where we found concerns. This meant shortfalls found had not been identified and no action plan in place to rectify these concerns.
- Staff recruitment was not well monitored and there was no oversight to ensure that staff recruitment was safe. Appropriate checks had not been carried out and stated in 'Safe' domain above when we inspected. However, this was rectified immediately. This meant there was a lack of oversight of recruitment prior to our inspection which would have ensured that people were supported safely.
- Records relating to the risk assessments were not always robust. This was because the registered manager failed to ensure risk assessments identified above were developed before we inspected. For example, risk assessment on moving and handling explained the use of ceiling hoist by two staff, scored at 10, which was high risk. However, the remedial risk reduction steps that should be taken in order of priority was left blank. We spoke to the registered manager about this. They immediately found appropriate recording in another folder, which was sent to us. This meant that records were not maintained accurately and contemporaneously in relation to the care of people.

The provider failed to monitor and improve the quality and safety of the services provided. Failed to maintain an accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care provided. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager after the inspection who agreed that the service needed to implement a robust audit system. In response to our concerns the registered manager sent us examples of audits, which they had started implementing.

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

- A relative told us that the registered manager was approachable. They said, "Very approachable. She also come in there with the staff. She brings in new staff on induction, which is good."

- Staff told us they were able to share their ideas and felt listened to. A member of staff said, "The manager is approachable. I can talk freely with her."
- There was a positive focus on supporting people to communicate, express their views and be independent.
- Staff received regular supervision and there were meetings with staff where they could raise any concerns. Staff said they felt listened to.

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

- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager had informed CQC of significant events that happened within the service, as required by law.
- There had been no incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood the need to be open and transparent if there was such an incident and understood their duty of candour responsibilities.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of workshops held by the local authority, clinical commissioning groups (CCG) and NHS for care providers.
- Staff told us they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The registered manager worked with funding authorities and other health professionals such as district nurses, physiotherapist, CCG and doctors to ensure people received joined up care.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to monitor and improve the quality and safety of the services provided. Failed to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care provided.</p> <p>Regulation 17</p>