

LuxuryCare Eagles Mount Ltd

Eagles Mount Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

Eagles Mount is a residential care home providing accommodation for persons who require nursing or personal care to up to 72 people. The service provides support to people who require residential care and people who live with dementia. At the time of our inspection there were 48 people using the service. The building is purpose built and has four floors, people live across three separate floors and can access the ground floor where a working café is located.

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

We observed staff were kind and caring, however, we found widespread shortfalls which had placed people at risk of not having their care needs met and at risk of harm.

The process to report safeguarding concerns to the local authority had not always been followed. This had led to two incidents where external scrutiny had not been possible. Staff had not always assessed people for risks to their health, safety, and well-being, this had placed people at risk of harm. There had not always been enough staff to meet people's care needs. Some staff had either not completed training or attended refresher training to ensure they were providing the most up to date care and support to people.

Care had not always been planned with people to ensure their care was person centred, not every person had a care plan in place, some people's needs had not been assessed to ensure their needs were met.

The provider and registered manager's governance systems had either not been in place or effective enough to identify the shortfalls we found during the inspection, and this had placed people at risk of harm. The registered manager had not always reported reportable incidents to CQC. We have made a recommendation about the provider and registered managers legal requirements.

People did not always receive medicines in a timely manner to ensure infections were treated. We have made a recommendation about the safe administration of medicines. We were somewhat assured the home did all it could to prevent and control infections. We found people had not always been assessed for risks of infection. We have made a recommendation about the infection prevention and control system.

Staff had not always fully assessed people's needs before they moved into Eagles Mount. We have made a recommendation about the safe admission of people into the service. The design of the building was light and airy; however, it did not always follow best practice guidance for supporting people living with dementia. We have made a recommendation about the adaption and design of the building. We observed kind and friendly interactions from staff; however, staff did not always speak about people with dignity whilst respecting their equality and diversity. We have made a recommendation about equality and diversity training needs of staff.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

People were not always involved in managing risks to themselves and in taking decisions about how to keep safe.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right Care:

Staff did not always see people as their equal and create a warm and inclusive atmosphere.

Staff had not always received training to ensure people received the right care.

Right Culture:

Staff did not always feel respected, supported, and valued by senior staff to support a positive and improvement-driven culture.

The home had not always been well-led

People told us staff were kind and caring. One compliment from a person said, "I wanted to say a very big thank you to you all for all your help and care you have given me, it is great to be home." Relative's comments included, "we are more than satisfied [person] was very poorly when they went in, but they have gained weight and look much better now" "staff are all very nice and very friendly" and, "it's been very good, the place is more like an apartment block than an old folks' home, it's always clean and tidy."

The registered manager provided us with a reflective statement following the inspection explaining how they felt they had reached the situation we found on our inspection. Eagles Mount had been through some changes in recent months with core staff including senior care staff leaving and new staff starting. The home had transferred onto a new electronic care planning system, this had not been fully updated. People had been admitted into the service without staff fully knowing what their needs were and how people living at the home would be impacted, which had put pressures on the delivery of care. The registered manager had reflected and told us they could have better supported senior care staff into their roles. This led to a lack of oversight and governance. The provider and registered manager acknowledged what had gone wrong and started to make improvements immediately after our inspection to improve the experience of the people living at the service.

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

Rating at last inspection

This service was registered with us on 3 August 2022 and this is the first inspection.

The last rating for the service under the previous provider was Requires improvement, published on 8 April 2020.

Why we inspected

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

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.

Enforcement and Recommendations

We have identified breaches in relation to person centred care, seeking consent and working with the principles of the mental capacity act, following local safeguarding procedures, the safe care and treatment of people, good governance of the service, staffing, safe recruitment and making notifications for reportable incidents. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider and request an action plan 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not well-led.

Details are in our well-led findings below.

Eagles Mount 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. 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

Eagles Mount Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eagles Mount Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

We used all this information to plan our inspection.

During the inspection

We spoke with 17 people who used the service and 15 relatives about their experience of the care provided. We spoke with 25 members of staff including the nominated individual, operations director, facilities assistant, compliance manager, deputy managers, care staff and catering staff.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke to 5 health and social care professional who had experience of the service. We observed care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

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.

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 Inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had not always followed local safeguarding procedures and had not made appropriate referrals to the local safeguarding team following two incidents where people had been at risk of potential abuse. This meant external scrutiny was not possible to ensure people were safeguarded from abuse.

Whilst we found no evidence that people had come to harm, the provider had failed to establish robust systems to protect people from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training and told us they knew how to recognise signs that someone may be at risk of harm and abuse.
- Staff knew how to report safeguarding concerns internally and outside of the organisation. One staff member told us, "Signs may be unexplained bruising, open wound pressure sores, general poor hygiene, any sudden change in their behaviour. I would report this to my team leader or deputy internally or social workers and CQC."

Assessing risk, safety monitoring and management

- Staff had not always assessed risks to people's health, safety and well-being and this had placed people at risk of harm. Examples included risks associated with going alone into the community, using public transport, and what to do if the person did not return to Eagles Mount.
- Full information about risks to people's safety was not always passed on to staff who needed it. For example, one person had been identified as at risk of dehydration. Instructions to staff on how to reduce the risk had not been reflected in the care plan. Records showed the person had not met their fluid target for 9 days and this had not been picked up and reported by staff. This meant the risk of dehydration had not been monitored and reviewed and had placed the person at risk of harm.
- Risks associated with people's health conditions had not always been assessed or actions put in place to minimise the risk of harm.
- When people were prescribed high risk anticoagulant [blood thinning] medicines care plans did not reflect the risks associated with taking these medicines and what signs and symptoms staff needed to be aware of. This meant people had been placed at risk of not having health risks identified and needs met.

Risks to people had not always been assessed and the provider had not done all that is reasonably practicable to reduce the risks of harm. Whilst we found no evidence of harm at this inspection, people had been placed at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

- We discussed our findings with the registered manager who told us they were going to review the risks for every person living at Eagles Mount.

Staffing and recruitment

- There were not always enough staff to ensure people's needs were met in a timely manner. For example, one relative told us, "[person] needed the toilet, so they pushed the buzzer and waited but no one came, it was 15 minutes and still no one. We found a member of staff who said they couldn't come as it took 2 to hoist and there was only them. No one had come to see [person] and she was really upset."
- We requested to see audits of the length of time it took for staff to answer call bells and were told there were no checks in place to review this. We requested to look at one person's call bell history. Records showed the person had waited over 7 minutes, 5 times over 4 days. On 1 occasion the person had waited 15 minutes and 40 seconds, this meant there were not always enough staff to meet people's care needs in a timely manner.
- Staff told us they were concerned one person was unable to attend activities as they were often still in bed at the time of the activity and had reported their concerns to the management. During our site visits we observed activity staff check on the person before they started the activity, the person was unable to attend as they were still in bed. We spoke with the person who told us, "They have activities most days of the week, no I can't always go and would like to."
- We received feedback from people, staff and healthcare professionals who told us there was not always enough staff. One staff member said, "I've had a resident complain as they can see we're understaffed." One healthcare professional said, "When visiting I have been told on several occasions 'I hope you don't need staff today because there is no one available to talk to or support'"
- A relative told us, "[Person] needs assistance to drink, if we're not there they do not seem to have the time. They always say they are short staffed. If we don't get up there, I don't think [person] would drink all day."

Eagles Mount had not ensured there was sufficient numbers of skilled staff to ensure people's care needs were met. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had not always been assessed as fit and proper before commencing employment. For example, 3 staff did not provide their full employment history and the provider had not explored the reason for their gaps in employment. This meant the provider was unable to assess if staff were of good character.

We recommend the provider consults of the Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, schedule 3 to ensure people are recruited safely into the service.

- We discussed this with the registered manager who told us a whole home audit on staff files had been completed and where gaps had been found, staff had been contacted and asked to provide a full working history. The system for employing new staff was changed to ensure all employment checks were completed before staff commenced employment.
- Appropriate Disclosure and Barring Service (DBS) checks had been made. 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.

Using medicines safely

- Medicines were not always managed safely. People were not always given medicines in a timely way to

treat infections.

- One person's antibiotics had been received by staff in the morning however staff said they would not start the course until 5pm. This meant the person's infection was not treated for an extra 8 hours. We discussed our concerns with staff who told us, "The directions did not say to give first dose immediately, so I put it on the system for 5pm and from tomorrow at 8am."
- We asked whether this was enough time in between doses. A staff member said, "we always put twice a day antibiotics at mealtimes so 8am and 5pm." We checked the patient information leaflet and found the time in between doses should be 12 hours. This meant the person was at risk of being double dosed. The member of staff said, "I see what you mean, it sounds so obvious really."
- Staff were not always aware of as required protocols for example, staff delayed administering pain relief to one person as they were unsure if it could be administered.

We recommend the provider consults good practice guidance in relation to the safe administration of medicines to ensure people receive medicines consistently and safely.

- Since the inspection the provider has identified a problem with adding medicines to the electronic medicines administration record whereby the computer system incorrectly anticipates and schedules some medicines. The provider has spoken with the system provider to address the issue and has implemented further training for staff.
- Eagles Mount staff worked with clinical pharmacists to ensure people's medicines were reviewed regularly.
- People received medicines from staff who were trained and assessed as competent to administer medicines.
- Medicines were ordered, stored and disposed of safely and securely.

Preventing and controlling infection

- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. However, we reviewed 9 care plans and found no risk assessments to consider the susceptibility of people catching and spreading infections, risks that their environment and other people may pose to them, or care plans instructing staff how to prevent, detect and control the spread of infections.

We recommend the provider consults the Health and Social Care Act 2008: code of practice on the prevention and control of infection with other good practice guidance to ensure they are following best practice guidance to prevent and control infections.

- We were somewhat assured that the provider was responding effectively to risks and signs of infection. The provider told us they completed whole home risk assessments and plans for preventing and managing infections. We requested to see whole home risk assessments during the inspection and were not provided with them to review. We did review environment audits. Staff were informed when infections did occur for necessary steps to be taken to prevent the spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- 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.

- At the time of our inspection there were no visiting restrictions which was in line with current government guidance.

Learning lessons when things go wrong

- When things went wrong staff were asked to complete reflective statements and learning was shared with all staff to reduce the risk of it happening again. Examples included learning when a medicine error had occurred. Staff had written a report, the information was shared at handovers and additional training was put in place.

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 Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Eagles Mount understood that staff needed training and development, but this was not always up to date or in line with best practice. For example, 48 staff had not completed training to support people with learning disabilities and/or autistic people, 11 staff had not refreshed their moving and assisting training, and not all staff had not completed person centred care training.

Staff had not always received training and refresher training to fulfil the requirements of their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the registered manager who told us a training director was now in post to ensure all staff training was up to date. The provider booked two dates for staff to attend learning disability and autistic people training by the end of inspection.
- Staff told us they completed a full induction and were encouraged to ask for more support if they wanted it. One staff member said, "My induction was 3 days shadowing staff. I was allowed time to watch and ask questions. Once I finished the induction, I was teamed with experienced staff member until I was confident."
- Staff told us they felt supported by their care team leaders and deputy manager to fulfil their roles. This included regular supervisions where staff felt they could discuss career progression and ask for support if they wanted it. One staff member said, "I do have regular supervisions from my deputy manager which are very useful."
- In response to some concerns the provider had received, more experienced staff had been asked to complete five core competencies with newer staff members. These included oral care, personal care, understanding your role, duty of care, moving and assisting and person-centred care. One staff member said, "I feel proud to support my colleagues to do their jobs well because I can see the impact on residents, and it spreads. The more experience they get, the more able they become to identify changing needs of residents."
- The provider told us they had identified a need to develop staff skills and knowledge in regards to British culture. They said, "The course is called British Values and traditional British foods. It has only recently been rolled out but has received good feedback from the staff who have completed it."

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. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Eagles Mount did not always operate within the principles of the MCA. We reviewed 4 people's care plans and found consent to care records were either blank, not in place or for 2 people deemed to lack capacity, no MCA had been completed.
- People's capacity to understand decisions, including unwise decisions had not always been assessed. During our inspection we observed one person repeatedly call out in distress asking for a cigarette. Staff told the person they were not allowed to have one. We discussed this with the registered manager who told us, "The doctor said [person] cannot have a cigarette. We are waiting for nicotine patches; the doctor can't prescribe, and family cannot pay for. We are going to ask [person] friend when we see them."
- One person had been assessed as not having capacity, however an MCA had not been completed to see if the person understood the decision, they were making in relation to a recreational activity. This meant the person had not been supported to make a decision, even if unwise and had been restricted unlawfully.

People had not always been supported to make decisions about their care and treatment within the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection the registered manager told us they had asked staff to review every person to ensure MCA had been completed where appropriate.
- Staff told us they understood the importance of seeking consent before they commenced care. One staff member said, "Yes, before I start, I will ask permission. For example, can I give you a nice wash or can I help you to brush your teeth."
- Staff had completed MCA and DoLS training.

Supporting people to live healthier lives, access healthcare services and support

- Eagles mount usually contacted healthcare professionals for people who needed services however, we identified some people had not always been supported to access services that may help them live a healthier life. For example, 2 people were classed as obese and had gained more weight over the past month. We discussed this with the registered manager who said, "I have not contacted the dietitian as we were told if a person is classed as obese, we will not get support as we are a care home." The registered manager had spoken to relevant healthcare professional before the end of the inspection to seek the support staff needed to meet people's needs.
- People did not consistently have their health needs met as staff were not always familiar with people's health needs or guidance to follow to ensure people had positive health outcomes. Comments from healthcare professionals included, "there are a few staff that are great however there are other staff unable to provide relevant info, or take on board any guidance we provide" , "often I see a few different members of staff they all seem kind, caring and are always able to assist me with information I require" and, " I am unsure if a formal handover actually takes place, as some members of staff have no idea when asked simple questions."

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

- Eagles mount had not always provided food appropriate to meet people's nutritional needs. We received feedback from relatives and staff that speech and language assessment plans had not always been followed. One relative said, "[person] was seen by a therapist who changed their menu, it was posted in the kitchen, but the staff didn't get the instruction. We've had to say a few times they shouldn't be eating this."
- One member of staff said, "[Person] was struggling to chew food, coughing, and choking. Care staff weren't aware that he needed another level of consistency of the food, there was confusion about what the person should and shouldn't eat. The situation made me very nervous."

Care had not always been provided in a safe way and this had placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the registered manager who told us daily meetings happened where information was shared between the kitchen and care staff to ensure people's needs were met.
- We observed lunch being served to people in the places they choose to eat, people were supported by staff if they required assistance. We received mixed feedback from people and relatives about the quality of the food. Comments included, "the food could be improved, sometimes it's reheated", "oh yes it's lovely, cooked well and you get a variety" and, "I was upset the other day when I saw their lunch, it looked awful, some sort of fish pie, with a few scrappy veg and some burnt chips."
- We spoke with the staff who worked in the kitchen they told us, "We've recently changed the menu to make supper more substantial for those that want to eat a main meal in the evening." The kitchen staff had also spoken to people to find out what types of food they would like on the menu, one person told us, "The food has improved, before we just had sandwiches at teatime, but they came and spoke to us and asked us what we wanted and now we are happy."

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

- The design and décor in the home was bright, spacious, and airy. However, the décor did not always support people to orientate themselves to their surroundings. For example, bedrooms did not always have the person's name or any personalised item so people could recognise their own room. We discussed this with the provider and by the end of the inspection personalised orientation boards had been created with people and placed on their bedroom doors.

We recommend the provider consults good practice guidance around providing a dementia friendly environment for people who use the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Before people moved into Eagle Mount, care assessments had not always been fully completed to consider the full range of people's diverse needs. This had led to people moving into the home without consideration for the impact of the people currently living at the home and the current staffing levels. For example, one person asked to move from the top to the bottom floor due to the needs of a new person impacting on their quality of life.
- We discussed this with the registered manager who told us pre assessments had not always been easy to complete for people admitted from hospital. The registered manager told us they would retrain staff to ensure the information was collected, including speaking with people to find out how their likes, dislikes and how they would like their care provided.

We recommend the provider refers to good practice guidance around assessment of needs before people

move into Eagles Mount to ensure their needs could be met and to consider the impact of the people currently living at the home.

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 by staff who were kind and caring.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff did not always talk about people in a dignified way that showed them dignity and respect. For example, some staff spoke about people and their emotional distress in a negative manner. Following our inspection, the provider held a meeting with staff to discuss the comments made to inspectors. Staff were reminded of the safeguarding policy and were encouraged to discuss any concerns with they had with management team.
- Training records showed not all staff had yet completed equality and diversity training.
- We received concerns from relatives that staff would communicate to each other in a different language which could be confusing for people living with dementia and those hard of hearing.

We recommend the provider reviews their training and refers to good practice guidance to ensure staff always support people well, with dignity and respects equality and diversity.

- People told us staff were kind and caring and treated them with respect. One person told us, "I love it here, it's nice."
- We observed kind and friendly interactions from staff and people looked relaxed in their company. Staff were often led by the tasks they had to complete and did not always appear to have time to spend with people. One person told us, "Staff are very kind, they aren't here a lot, so they don't spend much time with me."
- Staff told us they knew how to support people if they were upset. One staff member said, "I lead them to a quiet place, sit beside them and reassure them, talk calmly and just sit or stand with them. Sometimes, depending on the resident just holding their hand can help."
- Relatives told us staff were nice. We received comments such as, "the staff are great they are very nice to [person] and to me", "the staff are very pleasant and helpful, there is one carer who gets on really well with [person] we are surprised how well they have settled in" and, "I know [person] is well cared for."
- When people were able to make decisions about their care, they told us staff listened and made changes to make their lives better. One person said, "The staff are good, you know who to speak to and they listen if we have any concerns and make changes, I am happy."

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 Requires improvement. This meant people's needs were not always met.

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

- Staff had not always planned person centred care with people and the people important to them. One person did not have a care plan in place. We discussed this with the registered manager who told us a reference guide had been put in the persons room however, when they checked they told us one had not yet been put in. This meant care plans had not been created with the person for staff to know how to meet their care needs.
- Staff told us they did not always have the information they needed to support people. Comments included, "I've had it where a new resident came and sat in the dining room for lunch. No staff on the floor knew any information about them", "a few times I encountered a missing care plan" and, "the care plans are not always reliable."
- Care plans did not always contain peoples, likes, wishes and how they wanted their care provided by staff. For example, one person's personal care plan said, "Staff will need to support with daily bed wash and encourage regular baths/showers." However, did not tell staff what the person liked and how the person would like to receive their personal care. A relative told us, "I am in all the time, and I will speak up, but I don't know how people without relatives manage."
- Relative's told us they or a member of their family had to go in every day to ensure their loved one got the person-centred care they needed. They said, ""We just cancelled an expensive holiday because we don't feel we can leave [person] to get the care they need without us there."
- People had recently moved into Eagles Mount who primarily needing support for their learning disability. we considered whether the provider was meeting the right support, right care and right culture statutory guidance and found the principle were not always being met. 48 members of staff had not completed training to support people with a learning disability. One staff member said, "We have had inadequate training to work with different learning disabilities, like how to use Makaton sign language I do not know how to do this so cannot communicate with one person."

The care and treatment of people using the service did not always met their needs or reflect their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- People living at Eagles Mount had different communications needs. For example, some people had learning disabilities that meant they had non verbal communication needs, some people lived with dementia and some people required aids including glasses and/or hearing aids. There were signs around the home asking people to inform staff if they had any communication or support needs. However, not all people living at Eagle Mount were able to do this.
- We asked to see care plans that had been customised to support people when communicating their needs, wishes and requests. None were currently in place at the time of the inspection. We spoke with a member of staff who told us, "We are looking to customise care plans, like larger font, simple language and make sure we breakdown care plans and explain terminology. The easy reads could do with some improvement."

The care did not always meet people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to wear communication aids including hearing aids and glasses where appropriate.

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

- Staff supported people to maintain relationships and encouraged people to access activities to prevent social isolation. A team of 4 staff worked 7 days a week during the day providing a range of activities to meet people's needs.
- Activities were arranged and planned by seeking feedback from people who use the service. Trips outside the home were arranged and people were supported to access activities facilitated by external sources. One staff member said, "We complete a social exclusion risk assessment and every 3 months we review to see how many activities the person has done. It's good to see if someone needs some TLC and then we make sure the team see them on a one to one more often."
- People and relatives spoke positively about the activities and the staff who provided them. Comments included, "the activities staff are really nice, they sat with [person] for ages and managed to persuade [person] to join in things", "there are activities going on and they do try to get them to take an interest" and, "there are activities and [person] does like them"
- The provider's chaplain supported people with their spiritual needs with access to multi faith leaders they were able to support people with their religious beliefs. Chaplaincy support was provided to people on a one to one basis if requested or in the form of Spiritual Services where people and visitors could attend.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people and relatives knew how to complain.
- Any reported concerns and complaints had been thoroughly investigated and responded to within the agreed time. The registered manager and provider told us they used the learning from concerns and complaints to improve the quality of the service. The provider told us, "Whilst I am not pleased when someone has a cause to raise a complaint, I welcome them. If I don't know about it, I can't change it but when I do know about it, I'm invested in changing it."

End of life care and support

- At the time of our inspection there was no person requiring end of life support however, there were some people who had anticipatory medicines in place just in case.
- The chaplain was also a mentor for the UK School of Soul Midwives and was involved in supporting people

with their end of life's needs including providing end of life training to staff.

- Staff had received compliments from families expressing their gratitude for the care their loved one had received at the end of their life. One compliment said, "thank you for all the love and care you have given [person]"

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; 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

- Governance systems established by the provider were not always robust and effective. We requested to see the current service improvement plan. The registered manager told us the provider had completed an audit in December 2022 but had not yet shared the action plan from this. The registered manager showed us the action plan they had received in July 2022. Areas of improvements had been identified; however, actions had not always been taken to improve. This had led to the shortfalls we found during the inspection and had placed people at risk of not having their needs met and at risk of harm.
- The registered managers auditing systems and processes were either not in place or effective at identifying the areas of improvements we found throughout this inspection. This had led to widespread shortfalls and poor outcomes for some people using the service.
- The registered manager told inspectors they did not audit on a monthly basis the amount of people who had infections to identify and themes and trends. This meant they could not easily identify an area of improvement such as increasing fluid to prevent urine infections or easily identified a spread of an infection.

Systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection we found one person had acquired a grade 3 pressure sore. It is a legal requirement for these types of incidents to be notified to CQC however we had not received a notification.

We recommend the provider ensures managers are aware of their legal requirements to report notifiable incidents to CQC.

- Since our inspection the provider told us they had a continuous service improvement plan in place however, this was not made available to CQC at the time of the inspection. We will review the actions and improvements at our next inspection to ensure they have been embedded

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; Working in partnership with others

- Eagles Mount was not always well-led. We received mixed feedback from relatives, staff and healthcare professionals about the way the service was run.
- Staff did not always feel supported and empowered and this had led to poor outcomes for some people. For example, staff did not always feel they could raise concerns directly with the registered manager, and this meant people were at risk of not having their needs met
- We discussed the concerns we found during the inspection with the provider who told us they planned to seek feedback from people, relatives and staff and have the responses go directly to them, so they could improve the service.

Continuous learning and improving care

- The registered manager and provider were keen to learn from the improvements found during the inspection. The registered manager said, "It's something I need to work on, I want the best care and I'm over passionate, maybe my passion comes through in the wrong way."
- The provider told us, "I am passionate about people receive good care, I'm devastated by what you have told me and am committed to improving it." Since the inspection the provider told us they have started to make improvements to improve the experience of the people living at the service.
- The registered manager provided us with a reflective statement after the inspection had concluded. This showed they had thought about the past few months and the reasons why we had found widespread shortfalls at the inspection. They were open and passionate to drive improvements.
- Since the inspection, the registered manager has arranged training for staff, planned one to one discussion with all staff, started to review pre admission assessments, risk assessments and care plans ensuring people were at the centre of, and involved in, the planning of their 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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of people using the service did not always met their needs or reflect their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People had not always been supported to make decisions about their care and treatment within the principles of the MCA.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not always been assessed and the provider had not done all that is reasonably practicable to reduce the risks of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to establish robust systems to protect people from abuse and improper treatment.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There was not sufficient numbers of skilled staff to ensure people's care needs were met. Staff had not always received training and refresher training to fulfil the requirements of their role.