

Susash GB Ltd

Eagle House

Inspection report

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South Yorkshire
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Tel: 01142687001

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eagle House is a care home for people who require nursing or personal care. The home predominantly provides care and accommodation for people who have enduring mental health needs or people who require nursing care. Accommodation and nursing care is provided for up to 30 people in the main building, across two floors. There are also four bungalows adjacent to the main building for people who are more independent. Each bungalow can accommodate up to four people. At the time of our inspection there were 42 people living at Eagle House.

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

Since the last inspection improvements had been made to the safety and quality of the care people received. The staff team had received regular training and increased supervision from managers, to support them to deliver effective care. Staff had started to work together as a team and most staff told us they thought the service had improved. Additional care staff, nurses and a clinical lead had been recruited and inducted, which had brought some stability to the service.

People's needs and preferences were known by staff and this led to people receiving personalised care. However, we received mixed feedback from people about the staff team. People told us some staff were "marvellous" and "kind and caring", whereas they thought other staff were not very caring. People had raised their concerns about some staff members with the provider. The provider was acting on this feedback. People were able to raise any complaints about the service and they were acted on appropriately.

We found examples of good practice where staff had worked alongside people living at Eagle House and other health professionals to improve the management of people's health. 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.

People felt safe. Risks to people were assessed and risk reduction measures were implemented, to reduce the risk of avoidable harm to people. The provider's oversight of the service had improved, which led to increased safety for people living at Eagle House. However, some aspects of the provider's systems used to monitor the quality and safety of the service required further improvements.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 19 December 2018). We identified multiple breaches of regulation at the last inspection. The provider completed an action plan to show what they would do and by when to improve.

At this inspection we found the provider had made some improvements and were no longer in breach of regulations in respect of staffing and person-centred care. However, we found further improvements were needed to the provider's governance and audit system and they remained in breach of regulation in this area.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified a breach of regulation in respect of good governance. 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 for 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Eagle House

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 completed by two inspectors, a specialist advisor and an Expert by Experience. The specialist advisor had clinical experience of nursing care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Eagle House 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 is required to have a manager registered with CQC. If a manager is registered with CQC, this means both the manager 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 this inspection Eagle House did not have a manager registered with CQC. We took this into account when we inspected the service and made the judgements in this report.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection, due to the timing of the 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.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including nurses, care staff and other ancillary staff. We spoke with the provider's regional manager who had been managing the home in the absence of a registered manager. We also spoke with a community health professional who visited the home during this inspection.

We reviewed a range of records. This included six people's care records and multiple medication records. We checked a variety of records relating to the management of the service, including three staff files and various policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People living at Eagle House felt safe.
- The provider used appropriate systems and processes to safeguard people from abuse. Staff were trained in their responsibilities to safeguard adults from abuse. Staff were confident the provider and regional manager would act on any concerns they raised.

Staffing and recruitment

- There were enough staff to keep people safe and meet people's needs. Senior staff regularly reviewed the dependency levels of people living at Eagle House and used this information to help determine how many staff were needed for each shift.
- Some people living at Eagle House told us they thought there should be more staff on each shift. Their comments included, "Sometimes staff come quickly, but other times they say they've got other people to see to" and "There's not really enough staff, but they seem to come quickly when I press my buzzer." We observed there was a continuous staff presence throughout Eagle House and people were able to obtain support from staff when they needed it.
- The provider continued to use safe recruitment procedures when employing new members of staff. Additional care staff and nurses had been recruited, which had reduced agency staff usage in the home and brought some stability to the service.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce the risks involved in the delivery of care to people. People's care records included assessments of specific risks posed to them, such as risks arising from mobility, nutrition, skin integrity and falls. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
- Risk assessments were regularly reviewed. This supported staff to take appropriate action to reduce risks, as risk levels changed. Regular checks of the building and the equipment were carried out, to help ensure they remained safe.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely. People received their medicines as prescribed and staff maintained accurate records of the support they provided people with their medicines.
- Staff were trained in medicines management and their competency to administer medicines safely was regularly checked. We observed staff were patient and respectful when they supported people to take their medicines. They offered medicines to people in a discrete manner to promote people's privacy and dignity.

Preventing and controlling infection

- People were protected from the spread of infection. Staff were trained in infection control practices. They had access to personal protective equipment such as gloves and aprons, to help prevent and control the spread of infection.
- People were happy with the cleanliness of Eagle House. Staff told us the cleanliness of the home had continued to improve since the last inspection. We found there were no malodours throughout the building, however some rooms would have benefitted from a deep clean.

Learning lessons when things go wrong

- Accidents and incidents were recorded. The provider analysed these records every month, to try to identify any themes or trends. This information was used to help reduce the risk of further accidents and incidents.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to ensure staff received appropriate training, supervision and support to enable them to carry out their roles effectively. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff received support and supervision to enable them to carry out their roles effectively. Supervision meetings were used effectively to review staff's competence and to discuss areas of good practice or any improvements that were needed.
- Staff were appropriately trained. Staff completed training in a range of different areas to help ensure they had the right skills, knowledge and experience to deliver effective care. The provider had implemented a system to monitor the training completed by staff, to help ensure their training remained up to date.

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

- Care staff were not keeping comprehensive records of the food and fluid consumed by people who were at risk of malnutrition. The provider did not have oversight of these records which meant there had been a missed opportunity to improve staffs' practice in this area and to act swiftly if people were not eating and drinking enough.
- When people required a special diet because of medical or cultural reasons, this was catered for. Kitchen staff were provided with up to date information about people's dietary requirements and people's care records contained professional guidance for staff to follow.
- People were offered a range of meal options each day and a variety of drinks. People were happy with the range and quality of food on offer. People's comments included, "The food is good and there's plenty of it", "I get enough to eat and drink" and "The food's not bad. We get enough."

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

- Some redecoration of the building had taken place since the last inspection, though there were still parts of the home that looked tired and would benefit from ongoing re-decoration. However, people living at Eagle House raised no concerns about the home's environment.
- There was clear signage around the home to help people navigate to the communal facilities, such as

toilets, bathrooms and lounges.

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

- People's needs were assessed before they moved into Eagle House to check the service was suitable for them. A detailed care plan was written for each person which guided staff in how to care for them.
- People and their relatives were involved in this process. They were asked to provide important information about their likes and dislikes, so care could be delivered in accordance with their needs and preferences.

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

- Staff worked with other agencies to help improve people's health. For example, staff had recently worked alongside a community health professional to improve the management of a person's diabetes; this had a positive effect on the person's health.
- Staff proactively sought advice from other organisations and professionals such as the GP, pharmacist and social workers, to help deliver effective care and support to people. The community health professional who visited Eagle House during this inspection told us staff followed their advice and this had led to improvements in how staff managed people's medicines.

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, whether any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff sought consent from people before they provided them with care and support.
- Staff had completed additional training in the MCA and DoLS since the last inspection. Their understanding of the MCA and DoLS had improved.
- People's capacity to make certain decisions had been assessed, where appropriate. Best interest decisions were recorded in people's care records and we were satisfied relevant people had been involved in making these decisions.
- DoLS applications were appropriately submitted to the local authority. Where authorisations were granted or were made subject to conditions, people's care records were updated to reflect this. Conditions on people's authorisations were complied with.

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 requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People provided mixed feedback about whether staff were kind and caring. People's comments included, "The nursing staff are very good. Other staff vary. Some are very good, but others think they know best" and "Some staff are caring, but some staff aren't. It depends who you get. It worries me a bit."
- We observed caring interactions between people and staff. Staff knew people well and this supported them to provide personalised care to each person. We observed staff responded to people appropriately during this inspection. However, people consistently told us it depended which staff were on shift, in terms of whether they felt well-treated and supported. The provider was aware of these concerns and were acting to make improvements in this area.
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Respecting and promoting people's privacy, dignity and independence

- Despite people raising concerns about some staff, people told us they were treated with respect. We observed staff asked if people were happy for them to provide support and staff respected their decisions.
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with.
- The provider had systems in place to ensure people's personal information remained confidential. Care records were securely locked away, so they could only be accessed by staff who needed to see them. A person commented, "I think staff respect my privacy."

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

- People were afforded choice and control in their day to day lives. People told us they could do what they wanted, when they wanted. Staff discussed different options regarding their care with people. They gave people enough time, support and encouragement to make their own decisions, when this was possible.
- People's care plans contained information about their preferences and how they wished to be cared for. This information had been obtained from people or their relatives. However, people told us they did not feel involved with the development of their care plans. People's comments included, "I've not really talked about my care plan. It's all in my file. Sometimes I don't think they grasp what I'm trying to say" and "No, I've not been involved in my care plan. Staff do it."

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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure people's care plans accurately identified their needs, which meant people did not always receive person-centred care. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans were detailed and person-centred. They were reviewed regularly to ensure they remained up to date. Care plans were well-organised and provided clear guidance for staff to follow, to help ensure care was provided which met people's needs.
- Staff knew people well and delivered care in accordance with people's preferences. People's care plans contained some information about their life history and interests; this supported staff to build positive relationships and bonds with them.
- People told us they were satisfied with the care they received at Eagle House.

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

- People were able to regularly take part in different activities according to their personal preference, though some people told us they were not interested in any of the activities on offer. The provider employed an activity coordinator who arranged a programme of activities to help people to remain occupied and entertained.
- People told us staff supported them to access the community and this was something they enjoyed. External entertainers also visited the home.
- The provider had established links with other organisations in the community, such as local religious groups who visited Eagle House to support people with their faith.

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's communication needs were assessed and met. Where people needed support with

communication, this was recorded in their care plan. We observed staff communicated effectively with people throughout this inspection.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to. The provider had an appropriate complaints policy and procedure which explained how people and their relatives could complain about the service and how complaints would be dealt with.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. This meant people could be supported to have a dignified death, in accordance with their own wishes.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. The provider's systems and processes 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure there were effective systems and processes in place to monitor and improve the quality and safety of the services provided and to act on feedback from stakeholders. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made to the provider's systems and processes, however, further improvements were required. The provider continued to be in breach of regulation 17.

- The provider's systems and processes did not allow them to effectively monitor all aspects of the service. For example, there was no system in place to ensure the food and fluid charts completed by care staff were reviewed, to check they were completed correctly, and to check people were receiving adequate nutrition and hydration.
- The provider's systems and processes did not ensure staff maintained accurate and complete records of the care they provided to people living at Eagle House.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to monitor the quality of the service or to ensure accurate, complete, and contemporaneous records were kept in relation to each service user. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had improved their oversight of the service, by implementing and consistently using effective quality monitoring tools in other areas of the service. For example, senior staff audited the quality of people's care plans and clinical staff monitored people's weights and skin integrity, to manage risk in those areas.
- The home is required to have a manager registered with CQC, however there had not been a registered manager in post for approximately 10 months, at the time of this inspection. The provider had taken steps to address this issue and was confident a suitably experienced person would be recruited soon.

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

- Most staff told us they thought the service had improved since the last inspection. They told us the staff team had started to work together as a team and communication between staff had improved. A staff member commented, "There are dramatically improved systems in place. Staff are more aware of their responsibilities."
- The provider had improved the culture of the service through regular team meetings and effective supervision sessions.
- The regional manager and staff were open and transparent during this inspection. They discussed the improvements that had been made to the home and the improvements that were still required. The provider had consistently informed CQC of significant events at the service since the last inspection, as required by the regulations.

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

- People, their relatives and staff had opportunities to give feedback about the home. Staff were able to share feedback during regular supervision meetings and staff meetings. Feedback was also obtained from people, relatives and staff via surveys. This feedback was used to make improvements to the home.

Working in partnership with others

- Staff worked closely with relevant health and social care professionals to help improve people's health and wellbeing.
- The provider had acted on feedback from stakeholders such as the local clinical commissioning group and local authority, to make improvements to the service.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had not ensured there were effective systems and processes in place to assess, monitor and improve all areas of the service provided or to ensure accurate, complete, and contemporaneous records were kept in relation to each service user.</p> <p>Regulation 17 (1) and (2) (b) (c)</p>