

Eastview Healthcare Services Ltd

# Eastview Healthcare Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 10 and 15 October 2018 and was announced.

Eastview Healthcare Services Ltd was registered with the Care Quality Commission in October 2017 and this was the first inspection of the service.

Eastview Healthcare Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service is registered to provide 'Personal Care' to older and younger adults, children and people with mental health and learning disabilities.

Not everyone using Eastview Healthcare Services Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The registered provider was also the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to report any concerns of abuse. Risks to people's safety were assessed to ensure preventative action was taken to reduce the risk of harm to people.

People were supported with their medicines in a safe way. People's nutritional needs were met, and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were protected by safe recruitment procedures to ensure staff were suitable to work in care services. There were enough staff to meet people's needs. Staff received training for their role and ongoing support and supervision to work effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and gained people's consent before providing their care and support.

People were involved all aspects of their care. People's care plans information available about people's preferences, daily routines and diverse cultural needs. Staff had a good understanding of people's needs and preferences and worked flexibly to ensure they were met.

People and their relatives were happy with staff who provided their personal care and had developed positive trusting relationships. People were treated with dignity and respect, and their rights to privacy were upheld.

People, relatives and staff were encouraged to provide feedback about the service they all spoke positively about the staff team and how the service was managed. The comments we read in the satisfaction surveys were very complimentary. For example, one relative wrote, 'The staff managed to come out during the rain, snow and ice and in all weathers. Thank you very much for the care and compassion shown to [Name of person] during the five weeks he received care. This made it possible to stay at home, which is where he always wanted to be.'

The registered manager and staff team were committed to following the vision and values of the service in providing good quality care. The registered manager was aware of their legal responsibilities and provided effective leadership and support to staff. Quality assurance systems were used to monitor and assess the quality of the service to drive continuous improvement. The registered manager worked in partnership with other agencies to meet people's needs.

## 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.

Staff were trained in safeguarding and people were protected from abuse and avoidable harm.

Risks associated with people's needs were assessed and managed safely. People were supported with their medicines safely.

Staff were recruited safely and there were enough staff to provide care and support to people.

Staff understood their roles and responsibilities in relation to infection control and hygiene.

Accident and incidents were responded to appropriately and lessons were learnt to mitigate the risks of further incidents.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed, to ensure they received the care and support they needed. People were supported to maintain their nutrition, health and well-being where required.

People received support from a staff team that had the necessary training, skills and knowledge. Systems were in place to provide staff with on-going support.

People made daily choices and decisions. Staff sought people's consent and understood people's rights. Capacity assessments were used to identify the level of support people needed to make decisions.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were caring, friendly and kind. People were supported to make decisions about how they

wanted their care and support provided. People were treated with dignity and respect, and staff ensured their privacy was maintained.

People's views about the service were sought to review the service and drive improvements.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed. The care plans were person centred and provided staff with clear guidance on how people wanted their care and support to be delivered. Staff respected people's diverse cultural needs, wishes and views.

Systems were in place to respond to any complaints. People were confident that any concerns raised would be dealt with appropriately.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager understood their role and responsibilities.

The registered manager provided strong leadership and the staff team worked together to provide high quality care.

Quality assurance system were used to continually monitor all aspects of the service.

# Eastview Healthcare Services Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 15 October 2018 and was announced.

We gave the service 48 hours' notice of the inspection because we needed to contact people to ask their consent to be interviewed and to check the registered manager would be available on the day of the site visit. The inspection started on 10 October and ended on 15 October 2018. It included making telephone calls to people using the service, relatives and staff. We visited the office location on 15 October 2018 to see the registered manager and review care records and policies and procedures.

The inspection visit was carried out by one inspector, an assistant inspector 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. The expert had personal experience of a loved one receiving care.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included statutory notifications regarding important events which the provider must tell us about. We contacted commissioners and no information of concern was received about the provider.

During the inspection we spoke with three people using the service and one relative. We spoke with six care staff, the deputy manager and the registered manager.

We reviewed the care records in relation to two people using the service, two staff recruitment files and records of staff training. We also reviewed records in relation to the providers oversight and quality monitoring of the service such as, feedback from people using the service. Quality audits, announced home visits, unannounced staff spot checks, complaints, compliments and the providers policies and procedures.

## Is the service safe?

### Our findings

The policies and practices safeguarded people from abuse. People told us they felt safe with the care provided and staff who supported them. One person said, "I feel very safe, they [staff] know what they are doing."

The staff understood their responsibilities in relation to keeping people safe and could describe what they would do if they suspected or witnessed any form of abuse. One member of staff said, "If I was concerned about a person I would phone the safeguarding team and I would tell my manager." Another said, "I would call my supervisor and record I had raised the concern." The registered manager knew how to report any safeguarding concerns.

Risks to people's safety was assessed and closely monitored. One person said, "When the staff transfer me from the chair or sofa into my chair they are very careful, they watch that my feet are placed properly on the footprint of the standing frame. They offer to put a belt around my waist to keep me secure, they are excellent really." We saw that people's risk assessments identified any specific risk to people's mobility, health and well-being and how people's care and support needed to be provided to minimise the risks to an acceptable level. The assessments covered risks, such as, falls, moving and handling, malnutrition and pressure area care.

Records showed the risk assessments were regularly reviewed and when people's needs changed their care and support was altered to accommodate the changes. The staff confirmed, and records showed they knew the procedure for responding to any accidents or incidents. One member of staff said, "I would call 999 and call the office, either myself or someone from the office would contact the persons family." Another said, "If it was a serious incident I would call 999 and if it was minor, I would fill out an incident form and let the manager know." Records showed lessons were learned from incidents that had happened. For example, a concern had been raised regarding unsafe storage of medicines for a person living with dementia. The registered manager spoke with the staff to ensure the person's care and support needs were properly met, and they personally attended several of the person's care calls to ensure the issues were corrected.

Staff knew the procedure to follow if they identified any faults with equipment used by people, for example, hoists, wheelchairs and bedrails. One member of staff said, "I would not use the equipment, I would call the office who would then call the Occupational Therapist to get it fixed." Another said, "I would report it to the office, so they could get it checked by the manufacturer."

The registered manager protected people from being cared for by unsuitable staff, through carrying out appropriate staff recruitment checks. These included Disclosure and Barring Service (DBS) checks and obtaining professional and character references.

Sufficient numbers of suitable staff were available to support people to stay safe and meet their needs. One person said, "I always have the same staff and they always stay the full time." Another person said, "I have the same member of staff, which is great." A third person said, "I find the staff timekeeping not too bad at all,



they are mainly always on time, you can rely on them." Staff told us they had enough travel time inbuilt into their rotas. One member of staff said, "I usually get to the calls on time." Another said, "Morning are sometimes busy with traffic, if I am going to be late, I call the office to tell the supervisor and they will then call the person to let them know." People that required two staff to provide their care said that two staff always attended their calls. The registered manager showed us the electronic call monitoring system that was used, which closely monitored the call times when staff arrived and left people's homes. Staff confirmed they used a mobile app to record the start and end times of the calls they made to people.

People received appropriate support to take their medicines. One person said, "I have an allergy anti histamine, the staff know, and they have it noted on my records." The medicines support plans identified the level of support people required to take their medicines. Staff confirmed, and records showed they received medicines training, which included observations of their practice to ensure they followed the medicines administration procedures. One member of staff said, "They [management] check the medication and this happens often." Another said, "I have been observed administering medicines, the manager goes through the medication records every month." The staff knew the procedure for reporting any medication errors to ensure timely medical advice was received. Records showed that medicine audits were carried out regularly. The medicine records viewed at the inspection confirmed that staff documented when people were supported with their medicines in a safe way.

People told us staff protected them from the risk of infection. One person said, "The staff are always clean, tidy and presentable, I would give them 10/10 for sure." The staff told us they received training on infection control procedures. One member of staff said, "We wear disposable gloves, aprons and shoe protectors. We have hand sanitising gel, and keep our nails short, we sometimes take hand wash into people's homes, if they don't have any." Another said, "I remove my gloves and apron after supporting a person with personal care and I then wash my hands before giving medication or preparing food." Records showed that infection control was assessed during unannounced spot check visits, to ensure staff were following the procedure and using personal protective equipment, such as disposable gloves and aprons when carrying out personal care tasks.

## Is the service effective?

### Our findings

The care, treatment and support people received promoted a good quality of life. People's needs were assessed prior to them using the service, and they received support from regular staff that had the right skills to provide their care and support. People using the service and their relatives told us they were fully involved in the pre- assessment process prior to taking up the service and their needs and personal choices had been taken into consideration and incorporated into their support plans. A relative said, "We feel very much in control of the care [name of relative] receives. We have reduced the time the carers come in, so she only has short visits, this suits [Name of relative] as she is very independent. Another relative said, "I had a meeting recently with the office to discuss [Name of relatives] needs, the staff come every morning to prepare tea and toast and prompt [Name of person] to take their medication."

People told us that staff understood their needs and had the right knowledge and skills to support them. One person said, "The staff always ask permission before they do anything, they are so polite, they are excellent; very professional and well trained in what they do." All staff confirmed the training they received was very good. They told us the induction training they were provided with covered areas such as, moving and handling, food hygiene, nutrition, first aid, medicines administration and infection control. One member of staff said, "The induction training is good. I have done training on infection control, medication, challenging behaviour, dementia care and pressure area care." Another said, "The training is face to face at the training centre." The staff training records confirmed staff completed a range of training that was based around current legislation and best practice guidance.

Systems were in place to ensure staff received effective support. All staff commented they felt supported, and the registered manager and deputy manager kept in regular contact with them and were always available out of hours. Staff told us they had regular supervision meetings with the managers, to discuss their work and any further support or training needed.

People received support to eat and drink enough to maintain a balanced diet and stay healthy. One person said, "The staff always prepare me a drink or a sandwich before they go and make sure everything is done before they leave." Another person said, "The staff prepare my meals and we have a chat, I could prepare my own, but with my illness it takes three times as long." A member of staff said, "I help [person] to drink his tea and eat his cereal but sometimes he is able to hold the cup of tea himself." Records showed that people's dietary needs were assessed and any allergies or food intolerances were recorded within their support plans. We also saw that information was available to guide staff on meeting the needs of people with swallowing difficulties that were on soft diets and required their drinks thickened to prevent choking and aspiration. The staff were knowledgeable of the food and drink likes and dislikes, of the people they supported.

People were supported to live healthier lives and were supported to maintain good health. People and their relatives and staff confirmed the staff worked closely with other healthcare professionals. Staff knew the procedure to follow if they found a person needed urgent medical assistance. One member of staff said, "I would call the person's GP or if it was more urgent an ambulance, their relative and the office. I would stay

with the person until assistance arrives, but if there is someone else already there, we would go onto our next call. It depends on the situation." Another said, "I would stay, until their relative arrived, I could not leave the person on their own."

We saw records of communications with the GP, district nurse, dieticians and occupational therapy services within people's support plans and the advice from the healthcare professionals was incorporated into the support plans and closely followed. One person said, "I make my own health appointments and am fully supported by the staff."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make some 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working with the MCA principles. Assessments of people's needs took account the person's capacity to consent to their care and treatment. The registered manager and staff team understood their responsibility around MCA. People using the service and relatives confirmed that staff sought people's consent, offered choices and respected their decisions. One person said, "I feel very much in control of my care." Another person said, "I tell the staff how I want my care provided, they are very good, they listen to you." A third person said, "Staff always ask my consent before they do anything for me, they are very polite, they use the key safe and always call out to me before coming in the house."

## Is the service caring?

### Our findings

People were treated with kindness, respect and compassion, and had developed positive relationships with staff. One person said, "The staff are very kind all of them, they bring me to life, they treat me like a human being not an old lady." Another person said, "I am very happy with my care it couldn't be better." A third person said, "The staff are very caring, they always make sure I have my medication, that I am dressed and clean, make me a cup of coffee and give me my breakfast. They never leave before everything is done, they sometimes even stay longer than they should."

The registered manager understood when people may need additional independent support from an advocate, but at the time of the inspection all people were supported by family members. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

The staff knew people's individual preferences and interests, which showed they understood people well. We saw people's support plans included background information about their wishes and preferences. This helped staff to ensure they provided person centred care that supported and respected people's individual needs. The staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices.

People were treated with dignity and their privacy was respected by staff. One person said, "The staff treat me with great respect, they always make sure the blinds are closed when helping me to get washed and dressed." A member of staff said, "[Person] likes to be independent and do things his own way, I help [Name of person] to shave by putting the foam onto his hands, so he can shave himself." Another member of staff said, "I always ask people to choose what clothes they want to wear."

Relatives confirmed that staff always ensure personal care was provided in private, with doors closed and curtains drawn. The staff also gave examples of how they promoted and respected people's dignity and privacy, such as calling people by their preferred name, and ensuring personal care was always carried out in private.

Staff understood the need to keep people's information confidential and that information was only shared with other social and healthcare professionals on a need to know basis. One person said, "The staff know what they are doing, they never let you down." We saw that people's care records were stored securely and records stored electronically were password protected.

## Is the service responsive?

### Our findings

People's care plans reflected their physical, mental, emotional and social needs, including their personal history, individual preferences, interests and aspirations, and they were understood by staff. Staff confirmed they had access to people's care plans and information about the level of support people required. They said they had time to familiarise themselves with people's individual needs before providing their care and support. They also confirmed that people's changing needs were communicated well to them. One member of staff said, "We all meet new people, so we get to know everyone. I read the care plans about people's history and the things they like and then I start a conversation with them." Another said, "I read the care plans, to see what needs to be done including what equipment is needed." All the staff said as people's needs changed they were informed by the registered manager of the changes immediately.

The staff said they had time to spend with the people they supported. One person said, "They [staff] take me for a walk to the park across the road, they are so caring." One member of staff said, "Sometimes I have time to sit with the person and watch TV or have a chat." Another said, "I like to socialise with people and get to know them, I make sure I do my job well." A third member of staff said, "We have extra time built in with people to have a chat, for example, one person's family live some distance away, she gets quite lonely and has an extra two hours a week where we have a chat, paint her nails or do puzzles. Another person has dementia and likes doing puzzles, we asked a charity to supply some to her, which they did. If we have an extra ten minutes, we will stay and do a puzzle with her."

The support plans included information about people's communication needs and what type of support people needed to communicate effectively. For example, people with hearing and sight loss, people with limited speech and people with dementia that needed staff to give time and space to communicate with them. In discussions with the staff it was evident they knew how each person they cared for communicated their needs. This demonstrated the registered manager was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People and their relatives told us they felt they had regular opportunities to feedback their views about the care they received. Records showed the registered manager carried out home visits and telephone surveys to seek feedback from people using the service and their relatives.

People and their relatives were confident any concerns or complaints were listened to, taken seriously and appropriately addressed. One person said, "There is information on how to complain, I have a folder here with the phone number, but I haven't had any problem with the carers, if I did I would call the office." Another person said, "If I wasn't happy with anything I would tell them, I feel I can say anything to them, I feel very comfortable with all the staff." A relative said, "I know how to complain, we had teething problems at first, we had a meeting, it was all managed well and the problems were all sorted."

Staff said they felt any concerns or complaints were dealt with appropriately. One member of staff said, "The

management take on board and appreciate people's feedback." Staff said that any complaints raised with them were immediately brought to the attention of the registered manager. Records showed that complaints had been investigated appropriately following the providers complaints procedure.

Systems were in place to support people at the end of their lives. Records within people's care plans demonstrated that people had the opportunity to express their wishes and decisions about their end of life care.

## Is the service well-led?

### Our findings

The registered provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they had confidence in the registered manager and the service was managed well. All people also said they would recommend the company to other people. One relative said, "I think the service is run very well, everything is recorded in the daily notes and there is always someone to speak to at the office if needed."

The registered manager, the deputy manager and staff team understood their roles and responsibilities and put people at the heart of the service. The staff spoke positively about the management of the service, saying they felt valued and well supported. Staff said they felt the service was well organised, the managers provided good leadership and were committed to driving improvement in providing a high-quality care service. One member of staff said, "We have regular review meetings, this is a good opportunity to sit down and raise any concerns or training needs." Another member of staff said, "The managers are there if I need them, we have regular team meetings to discuss the needs of the people and any other business." Staff said their competency to perform their job was frequently checked during unannounced spot checks. One member of staff said, "The management do spot checks and the feedback I have had back has been very helpful." The staff also said they peer checked each other's work by looking at the daily notes and the medicines administration records (MAR) from the previous visit."

People said the registered manager and deputy manager engaged and involved people and relatives in all decision making. We saw people had completed quality assurance surveys and the feedback received was very positive. The registered manager was open and transparent in sharing information and communicating with people, relatives and relevant others.

We saw records of quality assurance checks that were used to continually monitor all aspects of the service. These included unannounced spot checks, satisfaction surveys, and scheduled reviews of people's care records. They had kept CQC informed of significant events and incidents as required to be notified by law.