

Eagle Care Home (Elland) Limited

# Eagle Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Eagle Care Home is a residential care home providing personal care to 27 people aged 65 and over at the time of the inspection. The service can support up to 33 people.

The home is over two floors, with communal living spaces and bedrooms on the ground floor, and a basement with further bedrooms.

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

People said they felt safe, and most individual risks to people were assessed. Risk assessments for the premises and equipment were in need of a review. Some areas of the home needed more thorough cleaning, although there was a refurbishment plan to decorate and replace some fixtures and fittings. Staff understood how to support people safely with moving and handling. Medicines were managed safely overall, although the medicines trolley needed to be stored more securely. Safe recruitment processes were in place and there were enough staff to meet people's needs. Accidents and incidents were monitored and staff understood safeguarding and emergency procedures.

People's needs and choices were assessed. There were systems in place to support staff to provide effective care, such as regular training and supervision. People's consent to care and support was obtained in line with legal requirements, although recording of people's mental capacity was sometimes inconsistent.

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.

Staff were kind, caring, supportive and motivated to support people. People were respected as individuals. Some care plans lacked information and guidance for staff which was important to understand people's preferences for their care and support. People joined in with planned activities, although at times we saw people spent long periods of time in their chairs with little to do. People knew how to complain, although no complaints had been received.

There was clear leadership and management of the service, although systems and processes to drive improvement and demonstrate quality assurance needed to be more robustly embedded.

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

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 29 November 2018).

Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

At this inspection some improvement had been made and the provider was no longer in breach of regulations. There was work being done to ensure the service was continuously improving.

#### Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has not changed from Requires improvement.

We have found evidence that the provider needs to continue to make improvement. Please see all sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eagle Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●



# Eagle Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

Eagle Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced on both days.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work within the service. We reviewed the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with the nominated individual, the registered manager, the deputy manager, three care staff, the cook and cleaning staff. We reviewed a range of records. These included four people's care records, people's medicine records, two staff files in relation to recruitment, training and supervision. We looked at a

variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information, policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection the provider was not taking sufficient action to assess, identify or manage risks. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough action had been taken to improve the way risks to people were identified and monitored, so there was no longer a breach in regulations.

- Premises and equipment were in the process of being refurbished, and risk assessments for both were in place.
- Some large kitchen equipment, such as the fridge, freezer and dishwasher, was not working on the first day of the inspection. The provider assured us they were taking action to address this and on the second day of the inspection, some of this had already been repaired.
- Risks to people had been identified, assessed and mitigated, although one person who was very new to the home had equipment staff were not aware of and was not detailed in their care plan. The registered manager told us this had been brought in by family and they made a referral to have this assessed.
- The registered manager reviewed accidents and incidents and used opportunities to learn from these.

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

- Safeguarding systems were in place and understood by staff to ensure people were protected from abuse and harm. Staff were aware of incidents which may need to be referred to the local authority safeguarding teams. Referrals were made where necessary.

### Staffing and recruitment

- There were 27 people using the service. Staff numbers were calculated according to people's dependency levels, which had been individually assessed.
- There were enough staff on duty at any one time to meet people's needs and we saw people did not have to wait long for staff to assist them.
- One person told us, "They always come and help me when I need them" and another person told us, "I never have to wait long."

### Using medicines safely

- Medicines were managed safely overall and people received their medicines when they needed them.
- Staff responsible for supporting people with medicines had recent or up to date training and were assessed as competent.
- Storage of medicines needed to be more robustly monitored; the medicines trolley was kept locked at all



times, but stored in the dining area, which was both a potential risk for security of the trolley, and a hazard should it be accidentally pushed. Treatment room temperatures had exceeded safe guidelines in September 2019, but there was no indication as to what had been done about this. The registered manager agreed to ensure a review of how medicines were being stored.

#### Preventing and controlling infection

- Some areas of the home were in need of a thorough clean and we noted cleaning checklists had not been recently updated. There were some lasting unpleasant odours. There was a refurbishment plan in progress throughout the home, to address where odours lingered, for example in seating and floor coverings.
- Staff understood infection control procedures; they used good hand hygiene as well as protective gloves and aprons to minimise the spread of infection.
- People and relatives said they thought the home was suitably clean.

#### Learning lessons when things go wrong

- There were opportunities to identify where lessons could be learned, such as through accidents and incidents.
- Action was completed to address the issues identified at the last inspection and to prevent further breaches in the regulations.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as 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 consistent.

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

- The provider was making improvements within the home and garden areas. There were new armchairs in the middle lounge which overlooked a garden. We noticed the dining room and middle lounge were thoroughfares for people, visitors and staff to get to other parts of the home. The registered manager told us they had already identified this and were considering best practice ideas, in particular for the needs of people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in the least restrictive way possible and were asked consent for various aspects of their daily lives at Eagle Care Home. However, consent was not consistently documented for some aspects of people's care, such as the use of sensor equipment. The registered manager said this was more of a recording than a practice issue and agreed to include this in their review of records.
- Systems were in place for ensuring DoLS were applied for and the registered manager had oversight of DoLS applications in progress and when these expired.
- Staff showed a basic understanding about the legislation and guidance around consent and they supported people to make choices and decisions about their care. People were assumed to have capacity. Where staff thought someone did not understand a decision a full assessment was in place. Some care plans contained evidence of how decisions were made in people's best interests when they were assessed as lacking in capacity. However, some records lacked detail in this regard.

Staff support: induction, training, skills and experience

- Staff were supported through training, supervision and effective teamwork. Care staff were motivated in their work.
- Where staff were being trained in a new role, this was done through shadowing others; careful explanation was given for procedures and plenty of time was allowed for new staff to learn the role thoroughly.
- Staff competencies had been checked to make sure they supported people effectively.
- Staff felt the registered manager was approachable to discuss aspects of their work and they felt well supported. Teamwork was good and there was effective communication between colleagues.

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

- Staff involved other professionals in people's care, such as district nurses, dieticians, speech and language therapists and GPs. One visiting nurse we spoke with said the staff were proactive at contacting them for advice. They said, "This is one of my favourite homes. It's very homely."
- Care plans contained records of referrals to other health and social care professionals and included detail about why the referral had been made and any advice that had been given which staff would need to follow.
- People and relatives were confident staff would seek relevant professional advice and support if needed. One relative said, "They don't mess about; if my [family member] needs a doctor, they get them out and I'm always informed."

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

- People enjoyed the meals and comments included, "The food is just lovely and there's always plenty", "I'm never hungry here" and "The meals are alright".
- Staff made close observation of how much people had eaten or had to drink and they communicated well with their colleagues to ensure information was shared and recorded.
- Staff understood when people needed support with eating and drinking. They liaised effectively with the cook who understood people's dietary needs.
- Mealtimes were relaxed and sociable, although on one day the serving of lunch was not well organised and some people were still waiting whilst others were halfway through their meal.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and friendly when speaking with people and visitors. They clearly knew people well and cared about them. Staff understood who liked humour in their conversations and who needed help to chat, for example speaking loudly and clearly to help someone with a hearing impairment.
- People told us staff were friendly. Comments included, "Nothing is too much trouble, they are good girls and they know me well", "Oh they look after me lovely and they're always so pleasant." One relative said, "Some care homes are just buildings, this one is a proper home."
- Staff said they enjoyed caring for people and thought Eagle Care Home would be good enough for them or any of their own relatives. One member of staff said, "Everyone who works here has love in their hearts for these people."

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

- People were involved in decisions about their care. Where some people could not easily make their views known verbally, staff noticed non-verbal signs, such as facial expressions and gestures. For example, one person was touching their head and staff asked them if they had any pain and if they would like any pain relief.
- People said they were always asked for their views and there were meetings held to gather ideas, as well as staff involving them in routine care decisions.
- People were regularly offered choice, for example where they sat and what they wished to eat or drink. People followed their own routines such as what time they got up. Breakfast remained available throughout the morning to support this.

There was a lack of evidence of people's involvement in writing and reviewing their care plans. For example, people did not sign them to show they had read and agreed with them. Care plans were not easily accessible to people as they were kept in a locked office.

Respecting and promoting people's privacy, dignity and independence

- People were dressed appropriately and staff helped them adjust their clothing if needed. Staff supported people to see the hairdresser on the first day of the inspection. One relative said, "[My family member] always liked to look their best and they still do."
- Staff complimented people's appearance after they had been to the hairdresser, telling them their hair looked "lovely" and "really nice". People were well presented in clean, well-cared for clothing and footwear. We saw personal care was attended to. Men were clean shaven unless they preferred to have a beard.
- Relatives told us they always felt welcome to visit their family members. Staff knew people's visitors and

greeted them in a friendly manner, enabling them to have space to visit privately.

- Staff were patient and encouraged people to move at their own pace, whilst enabling them to be physically as active as possible. People were asked if they wanted any assistance with their food, for example if they wanted staff to help cutting up food. People's wishes were respected.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. 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

- There was a detailed summary of information in care plans to enable staff to get to know a person and their needs quickly, and this was written in a person-centred way. However, more detailed information such as assessments of risks and risk minimisation strategies required staff to refer to a large number of documents, some of which was old information retained in the file.
- Language used in care plans prompted staff to use empathy and understanding of how people may be feeling.
- There was a review system in place to ensure care was responsive to people's needs and the registered manager said they would make sure all documentation was reviewed to fully reflect the care provided.

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 diverse communication needs were identified, recorded and met. Where people had a disability or a sensory loss, their communication needs had been discussed.
- Staff were patient when speaking with people, giving them time and assistance to understand and respond to any questions. People showed they enjoyed lively chat with staff and some people shared jokes with them. A visiting professional told us staff knew people well.
- There was information in care plans to help staff understand how to communicate with people effectively, for example if their ability to communicate was affected by an infection.

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 knew people's life histories and backgrounds although these were not written down.
- People joined in with planned activities, although at times we saw other people spent long periods of time in their chairs with little to do. Many people remained seated at the tables in the dining room during the inspection. Some people were offered chance to participate in a game of skittles before lunch. Staff leading the activity generated a lively atmosphere and encouraged people to take part in whatever way they were able.
- One person's family made a visit on their birthday and staff facilitated a party for everyone in the afternoon.

#### Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to make a complaint. The complaints procedure was displayed in the entrance and staff said they would support people to make their concerns known. The registered manager said there had been no complaints received.
- Compliments had been received and shared with staff.

#### End of life care and support

- There was celebration of life information in some people's care records, although for other people, the subject of end of life care had not been discussed or recorded.
- Relatives gave praise for the sensitive way staff had managed a person's care at the end of their life and their compliment stated, "In the two years [person] has lived at Eagle Care Home you have looked after [them] with laughter, respect, and have valued [them as an individual. We can't thank you enough for your loving care during [person's] last days, it is greatly appreciated. You helped make [their] pain and suffering bearable not only for [them] but us as well."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant although the service management and leadership were making improvements, these were not yet robustly embedded in practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection there was a breach of the Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there was a lack of robust quality assurance. At this inspection, the previous regulatory breaches were actioned and the systems and processes were much clearer and driving forward improvement. However, not all of these systems were fully embedded.

- Quality management systems were in place and the registered manager was actively involved and present in the home. Regular audits were completed, although these needed to be more thorough, for example, to identify weaknesses highlighted during the inspection. Some audits, such as the environmental audit had gaps in recording. Care plan audits showed what action needed taking, but did not always show when it was completed.
- Records to show when equipment and premises were maintained, were in place although the maintenance file needed updating to show all checks were current and in date.
- All staff understood their roles and responsibilities, with clear accountability in each role. Team leaders gave clear and supportive direction and kept an overview of people's needs to ensure care was being delivered. Spot checks of practice were carried out. The registered manager said they were very well supported by the provider to manage the service and staff were confident the service was improving.

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

- Care plans contained old as well as new information. Some assessments had not been recently updated, although the registered manager was in the process of updating these.
- Incident records in care plans showed when families had been contacted to alert them to falls and incidents between people who used the service. Relatives told us the staff were open and honest with information shared.
- Staff had regular supervision, although this focused on reminders about good practice and expected conduct, rather than the support staff needed for their role.

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

- The management team aimed to learn from when things had not gone well, and action had been taken in order to improve the service. For example, when a person's care record went missing, new systems were introduced to sign care plans in and out when in use, and hold a staff meeting to ensure all staff were



reminded about confidentiality.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, staff and relatives said the registered manager was involved in people's care and was very approachable. There was an open-door policy which enabled people to have direct communication with the management team.