

Amicura Limited

# Eagle View Care Home

## Inspection report

Phoenix Drive  
Scarborough  
North Yorkshire  
YO12 4AZ

Date of inspection visit:  
09 November 2020  
16 November 2020

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19 February 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Eagle View Care Home is a residential care home providing personal care to older and younger people who may have a physical disability and/or a dementia related condition. At the time of our inspection 41 people were living at the service. Eagle View Care Home is in one building over three floors and can support up to 42 people.

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

Feedback from people's relatives/representatives and health professionals was mixed in relation to the effectiveness of risk assessments, updating records, communication and infection prevention and control (IPC). We discussed several issues with the registered manager during the inspection and asked them to update some records relating to risk and infection prevention and control (IPC). Other areas requiring improvement are ongoing and we will ask the provider to inform us when these have been completed.

Records relating to some risks to people had not always been regularly reviewed and updated. Staff were not always aware of the level of risks posed to people and monitoring of risks was not robust.

Staff did not always follow safe infection, prevention and control practices. The required Personal Protective Equipment (PPE) was available, but not always used in line with government guidance. We found IPC practices overall required further improvement. The provider took measures to improve these areas during and following our inspection.

Within the context of the Covid-19 infection risk, 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 best practice. We identified some gaps in records relating to best interest decisions.

People were safeguarded from the risk of abuse. Overall medicines were managed safely. We did identify some medicines records that required improvement.

The provider had made some improvements in relation to the management of accidents and incidents. However, further work was required to improve in areas such as, records management for assessing and monitoring risks, communications, medicines management and governance. Quality assurance systems were not always effective in highlighting and monitoring improvements. Lessons learnt had been shared with staff, but we found repeat issues that had not been effectively addressed.

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

### Rating at last inspection

The last rating for this service under the previous provider was requires improvement (published 14 February 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made to meet Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified a new breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found not enough improvement had been made to meet the breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This remained a continued breach.

#### Why we inspected

We received concerns in relation to the management of infection prevention and control at the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. 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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed based on the findings at this inspection and it remains requires improvement.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective and Well-led sections of this full report. The provider had taken some action during the inspection to mitigate risks and continued to liaise with the inspector after the inspection to advise of further improvements scheduled and/or carried out.

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

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Eagle View 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and an expert by experience.

#### Service and service type

Eagle View 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 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.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

#### 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. The provider was not asked to complete a provider information return prior to this 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. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the registered manager, deputy manager, a senior care worker, the activities co-ordinator, ancillary staff and eight care assistants. We spoke with two people who used the service and two visiting health professionals. We reviewed a range of records including people's care plans and medication records. We looked at two staff files in relation to recruitment, training and supervision records. Records relating to the management of the service were reviewed, including safeguarding and accident and incident records. An expert by experience contacted eight people's relatives/representatives about their experience of the service. On the second day of inspection we completed a virtual call with the registered manager to further assess the infection prevention and control practices at the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent several documents by email which we reviewed as part of this inspection, including quality assurance records/audits.

# 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.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- The provider had not taken steps to embed current government guidelines to lower the risk of transmission of infections and viruses. For example, furniture had not always been set up to encourage social distancing to lower the risk of transmitting the Covid-19 virus. The provider took steps to make some improvements during the inspection.
- We could not be assured that the provider had taken steps to mitigate the risks to people's safety and welfare. Information about risks to people was not always up to date or monitored appropriately.
- Health professionals raised concerns in relation to the provider's ability to identify and monitor risks to people.
- Assessments to determine the level of risk to people were not always up to date. Although referrals were made to district nurses and dieticians, staff we spoke with were unable to advise which people had been assessed as high risk of skin damage and/or malnutrition/dehydration.

At our last inspection we made a recommendation to improve risk management and oversight, further improvement was still required.

The provider had not done all that was reasonably practicable to assess and monitor some risks to people's safety and welfare. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We asked the provider to complete a piece of work following the inspection to review and update people's care-based assessments to identify those at high risk of pressure damage, malnutrition and dehydration. Further information was sent to us by the provider to reassure us that they now had oversight of these risks.
- The provider was admitting people safely to the service and accessing testing for people using the service and staff.

### Staffing and recruitment

At our last inspection (under the previous provider) the provider had failed to maintain safe staffing levels to ensure people's needs were met at all times. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the new provider was no longer in breach of Regulation 18.



- Staffing levels had been increased to enable staff to meet the needs of people with behavioural and cognitive needs. Staff were responsive to people's needs.
- The registered manager regularly reviewed the staffing levels and the deployment of staff during busy periods to maintain people's safety.
- Staff were recruited safely; pre-employment checks and competency assessments were completed before they worked unsupervised.

#### Using medicines safely

- Overall medicines were managed safely. We did identify some recording issues which the provider took measures to improve during the inspection.
- Staff worked with other agencies to ensure people's medicines were ordered and disposed of correctly.
- Staff responsible for supporting people with their medicines were appropriately trained. They received regular competency checks to support them to deliver care safely and effectively.
- The provider and staff completed regular audits to ensure safe medicines management.

#### Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed. Themes and trends identified were shared with staff as learning opportunities to improve the quality of the service.

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

- People felt safe living at the service. One person told us "I'm very happy here, the staff are good to me."
- The provider's safeguarding procedures were followed by staff to ensure people's safety. Local safeguarding procedures were available to staff for additional support.
- Staff received safeguarding training. One member of staff told us, "I've done online safeguarding training. I would report to the manager and if needed ring someone more authoritative and/or CQC."

# 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 inconsistent.

Staff support: induction, training, skills and experience: Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection (under the previous provider) the provider had failed to maintain records that were reflective of people's needs and/or promote good outcomes. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the new provider was no longer in breach of Regulation 18.

- Staff had received regular supervisions and/or appraisals. The registered manager had scheduled supervisions for all staff and provided additional ad hoc support when needed.
- Health professionals raised some concerns in relation to moving and handling training. Some staff advised they had not received practical moving and handling support/training. The registered manager has arranged practical training to be completed in a socially distanced environment within a couple of weeks.
- A new induction had been introduced to support new staff in their roles. One member of staff employed since our last inspection said, "I had an induction including shadowing staff."
- People's choice and preferences were supported by staff. One relative told us, "[Name of service user] requires personal care and wants to be supported by a female carer. Staff try to support them with this wish all the times."
- People's care and support needs on the whole had improved. However, we did identify some improvements were required in relation to medical appointments and/or follow up appointments being scheduled/monitored and behavioural support. The registered manager advised they would update and/or add further detail into these records.

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

- People were supported to eat and drink at regular intervals. One person's relative advised, "The food always looks very good. [Name of service user] is very comfortable in the dining room."
- People's dietary and fluid intake was not always fully documented. We have addressed these recording issues in the well-led section of this report.

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

- Staff had sought advice and guidance from external health professionals in relation to people's care where necessary. Care-based assessment and monitoring records required further improvement to demonstrate the provider identified issues and sought timely advice.
- People received support to access their routine medical appointments and contact their GP's when they were unwell.
- Care plans included more detailed information about people's medical conditions and how to manage any associated risks.

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

- People living with dementia received more interactive and stimulating activities. Staffing levels enabled staff to spend more meaningful time with people throughout the day. We discussed activities for those people spending long amounts of time in their room, the registered manager was ensuring regular contact was in place and records in general had improved to reflect the duration of all activities provided.

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.

- Applications to deprive people of their liberty had been reviewed and submitted within the specified timeframes.
- Some improvements were needed to ensure best interest decisions were fully recorded. Some records did not include a record of the conversations with relatives and/or representatives to show their input in the decision-making process.

# 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 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

At our last inspection (under the previous provider) the provider had failed to ensure records were accurate and consistently completed and that robust monitoring and auditing was in place to ensure people's needs were being met. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the new provider was still in breach of Regulation 17.

- Records were not always fully completed and/or sufficiently detailed. For example, some best interest decisions, activity records, risk assessments and monitoring documents required further improvement.
- Regular and robust monitoring and auditing of the risks to people needed to be improved. For example, risks in relation to infection prevention and control and monitoring of food and fluid intake.
- The provider's systems to audit the quality and safety within the service were not always effective. Systems had identified some areas requiring improvement, and action plans were in place. However, these did not identify all the issues we found during inspection and repeat issues had not been fully addressed.

The above demonstrates a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans had been regularly reviewed. People's health conditions and any associated risks had been documented and guidance was in place for staff to follow.

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

- Relatives gave mixed feedback about communication they received from the service. Some relatives told us they had not always been advised of updates relating to people's medical needs. Other relatives were happy with the level of communications received. We asked the registered manager to update appointment records and ensure relatives and representatives were kept informed.
- Health professionals raised concerns that staff were not always able to provide detailed information about

people they supported. They told us they believed this impacted on their ability to complete timely assessments of people's needs for equipment and advice. The provider was arranging meetings to discuss how communications in this area could be improved between both parties.

- Despite government guidance for the provider to follow and all staff receiving training, repeat issues had been reported to us since July 2020. These same issues were still identified during this inspection and during several visits completed by the local authority/IPC Teams.

The above demonstrates a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt staff meetings on the whole were supportive. The registered manager advised these took place in a socially distanced area within the building. We ask that they consider cohorting of staff when attending meetings to minimise potential transmission of the virus/infections between floors.

- Staff were working with relatives to support regular and safe contact for people during the pandemic. Relatives comments included: "They've brought [Name of resident] to the door so I could see them. We were quite impressed on the whole," "They make the time and send me video clips," and "They put screens up for their birthday so I could sit with them."

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

- Staff felt the culture of the service had improved since our last inspection. However, we found the registered manager had repeat issues from July 2020 onwards, with staff compliance in relation to IPC and the correct processes for use of PPE.

The above demonstrates a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Overall staff said they felt more confident raising concerns with the registered manager.
- Relatives told us staff were kind and supportive to their loved ones.
- Staffing levels had been improved since our last inspection. The registered manager advised additional staff had been recruited and deployment was regularly reviewed to meet people's level of need.

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

- We found the provider was working in accordance with the Duty of Candour regulation. The registered manager was open and transparent with people in relation to the delivery of the regulated activity.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems and processes to make sure the quality and safety of the service was maintained. Records were not always fully completed. Risks to people had not always been recorded and monitored effectively.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practicable to mitigate infection prevention and control risks, despite regular support from external agencies. The provider had not ensured staff were compliant with government guidelines to protect people from the transmission of viruses.</p> <p>Regulation 12: Safe Care and Treatment 12(1)(2)(b)(c)(h)</p>

**The enforcement action we took:**

Notice of Decision to impose urgent conditions on the providers registration.