

Mr Shepherd Hlubanyana

Eastdale Healthcare

Inspection report

Office 2, Sterling House
29 Victoria Street
Kettering
NN16 0BU

Tel: 07540303169
Website: www.eastdalehealthcare.com

Date of inspection visit:
13 September 2022

Date of publication:
21 October 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Eastdale Healthcare is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, five people were using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Details of how to reduce risks to people's safety were included in people's care plans, though some needed to be more detailed to ensure staff fully met people's needs.

Quality assurance systems were in place to try to ensure people were provided with a quality service. However, they were not always effective in identifying issues such as the lack of detail in risk assessments to keep people safe, and not all staff wearing a mask to protect people from catching an infection.

People and their relatives were satisfied with the care that staff provided and with the management of the agency. People and relatives said safe care was provided, with people protected against abuse, neglect and discrimination.

Safe recruitment practices were largely in place to ensure only suitable staff worked at the service, though the registered manager needed to obtain one outstanding staff reference. Enough staff were employed to meet people's needs and timely calls were mostly in place to provide personal care. Two people did not have set call times. This was rectified by the registered manager.

Staff had been trained to effectively meet people's needs. People were supported to have their food choices and enough fluids to remain hydrated. Staff were aware of how to ensure medical support was provided to people if this was needed.

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 and relatives told us they were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff. Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

The registered manager understood their responsibilities and worked in an open and transparent way. People and relatives were aware of how to approach the registered manager to raise concerns or complaints. They said the registered manager and care coordinator always listened to their views.

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

Rating at last inspection

This service was registered with us on 17 May 2021 and this is the first inspection.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Eastdale Healthcare

Detailed findings

Background to this inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered manager

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

Notice of inspection

We gave the service two days notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 13 September 2022 and ended 14 September 2022. We visited the office location on 13 September 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is

information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with three people who used the service about their experience of the care provided and two relatives. We spoke with two care staff, the registered manager and the care coordinator. We reviewed a range of records. This included three care plans. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. 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

- People were not fully protected from risks associated with their care and support. Risk assessments were in place for a range of issues including reducing the risk of pressure sores developing and assisting people with their continence needs. However, assessments were not fully detailed. For example, for people with mobility needs, there was little information as to how to assist them. The registered manager quickly rectified this and sent us amended risk assessments which included this information. We did not find evidence people had been harmed as a result of this lack of detail, as people told us staff assisted them when needed and kept them safe.
- Environmental risk assessments were completed. The assessments identified risks in people's homes. This enabled staff to take action to reduce and mitigate the chance of harm to people.

Staffing and recruitment

- Staff were not always recruited safely. Recruitment systems for current staff showed evidence of good character and criminal records checks had been completed for all current staff. These checks help prevent unsuitable people from working with people who used the service. However, references for one staff member had not been sought from the last employer, which could have revealed issues of concern. The registered manager quickly rectified this issue and sent us the outstanding reference.
- Care plans identified the number of staff required to deliver care safely. People and relatives told us that the required number of staff were always sent to provide personal care. There were no missed calls reported.

Preventing and controlling infection

- People were protected from the risk of infection. Everyone, except one person, told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic, which protected people from the risk of infection. The registered manager swiftly took action and informed staff they must wear masks at all times when providing personal care.
- Staff told us they had received training in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection, and that the registered manager always ensured supplies were in place.

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

- People were protected from the risk of abuse. People and relatives said staff followed safe working practices and they felt there was good protection from the risk of abuse. One person said, "Staff are careful. They always keep me safe."
- Staff understood how to safeguard people. Staff were aware of reporting concerns to the registered manager if abuse was suspected or alleged. They knew how to report to a relevant outside agency if no

action had been taken by management. Staff had confidence management would act if there were any concerns about people's safety.

- The registered manager was aware of their duty to report any safeguarding concerns to the local authority safeguarding team. To date, there had not been any concerns about peoples' safety.

Learning lessons when things go wrong

- Lessons were learned. A lesson had been learnt to ensure people had enough time for staff to provide their care safely. The registered manager had approached the funding agency with details on why more time was needed to provide personal care on care calls. This meant the person had their care needs met without feeling that staff were rushing to complete their care.

- Processes were in place for the reporting and follow up of accidents or incidents.

Using medicines safely

- People safely received medicines. Records showed people had received their prescribed medicine to meet their health needs.

- Staff told us they had received training in medicine administration. Their competency was tested to ensure they knew how to supply medicine to people safely.

- The medicine policy supported people to receive their medicines in the way they preferred. They had the choice to manage their own medicines, which meant they kept their independence.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were carried out. Before people used the service they took part in assessments of their needs. This enabled people to have choice and ensured the service was able to meet their needs and preferences.
- Care records had been reviewed and updated to reflect people's changing needs, although one relative said they were unsure whether staff were aware of all of the current needs of their family member. The registered manager arranged a review of the person with the relative so that all possible needs would be met.

Staff support: induction, training, skills and experience

- Staff training was relevant and up to date. People told us staff seemed well trained and they had no concerns. We reviewed the staff training matrix which evidenced staff had been trained in relevant issues such as medicine administration and health and safety.
- The registered manager said it was their intention for all staff to complete the care certificate. We saw that some staff had already completed this training. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of care staff roles in the social care sector.
- Staff received supervision. Staff confirmed they received regular supervision. This included one to one sessions and spot checks of competencies such as medicine administration and hygiene. This allowed the registered manager to have oversight of staff support needs.
- Staff told us the training they received meant they could provide care effectively. One staff member told us, "Training is good in general. We are going to have more practical manual handling training, which is good though no one needs a hoist at the moment."

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

- People were supplied with relevant assistance to ensure they had enough food and fluids.
- People told us they always received assistance to eat and drink when they needed this. One person told us, "If I need any help with my food, staff give me this." A relative said that staff encouraged their family member to eat.
- Care plans detailed the support people required from staff to eat and drink.

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

- The service worked with medical professionals. This included specialist palliative care nurses. This ensured people received the treatment they needed.

- People were confident their healthcare needs would be met. A person said staff had contacted the ambulance service when they had a fall. This meant staff had ensured the person had received medical treatment for their condition.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had mental capacity assessments in place when required. The registered manager was aware of the process to put best interest decisions in place when relevant and who to consult about this. This ensured people's liberty was not unlawfully deprived.
- Staff had received training in MCA. Staff understood how to support people in line with the Act and people confirmed this. One person said, "Staff always ask me if it's ok for them to help me and they explain what they are going to be doing." This indicated people were involved in how their care was provided to them and whether they chose to have it.

Is the service caring?

Our findings

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

This is the first inspection for this service. This key question has been rated 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

- People were well treated and supported. People and relatives said staff were very friendly and caring. A person said, "Staff are very kind. They care. [Staff member] is marvellous." People said staff respected the way they wanted to live their lives.
- Staff members had a good knowledge of the people being supported. They were positive about providing quality care to meet people's needs.
- The registered manager and staff members fully understood the need to respect people and their diversity. These values were stressed in staff training. No one told us they had any cultural or religious needs. One person said: "I haven't got needs like that, but if I did I am sure staff would follow my wishes."

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

- People were supported to be involved in making decisions about their care.
- People and relatives told us they were involved in planning care at the beginning of their contact with the agency before personal care was provided.
- Staff members were aware of how people liked to receive their care. For example, people were supplied with choices such as what food and drinks they wanted. Such as when they wanted their hair to be washed and what clothes they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- People were respected, and their privacy, dignity and independence was encouraged.
- People and relatives said staff promoted privacy and dignity when providing care. Staff members gave examples of how they would do this such as closing curtains and doors and covering people when providing personal care.
- People and relatives said staff respected people's independence and did not take over and do things that people could do for themselves. People said staff respected the way they wanted to live their lives.
- Staff members said they always encouraged people to be independent and would only provide support when needed.
- Staff were aware of keeping information safe and confidential. This was supported by the provider's policy on confidentiality which stressed the importance of doing this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care was personalised.
- People said staff chatted to them, so they felt they were recognised and respected. One person said staff chatted to them about family life, which they enjoyed.
- People had choice and control over the way their care was provided. For example, what clothes they wanted to wear and whether they wanted to have a wash.
- Care plans detailed people's personal history such as family and their choices. However, there was little information about people's past employment, interests and hobbies. The registered manager said this would be followed up with people. This will then help to provide staff with more personalised information to understand and engage with what is important to people.

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.

- The registered manager was aware of the need to put systems in place when needed, such as providing information in large print, audio and pictures. There was information in care plans recording people's communication needs.
- The registered manager was aware of the need to respect people's preferred communication styles. This allow people to feel valued as they can express themselves.

Improving care quality in response to complaints or concerns

- To date, no complaints had been made.
- People and relatives told us if they had concerns, they would have no hesitation about discussing this with the care coordinator or registered manager. This is because they found management responsive to their views.
- A complaints policy and procedure were in place. The procedure implied however that Care Quality Commission investigate complaints. This is not the case as CQC cannot, by law, investigate individual complaints. The registered manager amended this policy and sent it to us.

End of life care and support

- This was not yet needed at the time of the inspection but had been provided in the past. People and relatives said their wishes and any relevant information would be supplied when they were ready to share it.
- The registered manager was aware of the need to respect people's end-of-life preferences to include

respecting people's religious and cultural wishes. The registered manager said that this information would include personal preferences such as which visitors they wanted to see, the temperature of bedroom and whether they wanted music playing.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits and checks had been carried out to check the service met people's needs. These included checks on care, care records, care plans, call times and medicines. However, they were not always effective as they had not identified issues we found including the lack of detail in safety risk assessments, staff non mask wearing, lack of information in peoples' life histories, and the complaints policy stating incorrect information of CQCs role.
- The registered manager understood their role and the needs of their staff team. Staff understood their responsibilities, and who to report to if they had concerns and needed help.
- Surveys of people's views were positive about the standard of care provided. One relative, in a survey stated, "I have felt able to relay [relative's] concerns to the company who have listened and made adjustments."
- Spot checks on staff took place. They showed staff were providing appropriate care and a positive approach to people. This allowed the registered manager to maintain oversight of how care was being delivered.

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

- The registered manager promoted a positive culture that was inclusive and empowering to achieve good outcomes for people. This had been successful for people and the relatives we spoke with. One person said, "I would definitely recommend this company. They are very flexible and always respond with a smile."
- Staff felt supported. They said whenever they had an issue, management always responded swiftly and positively. One staff member said "Management are top notch. They are so supportive." Staff told us they were thanked for the care they provided to people. This was reflected in the minutes of staff meetings.

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 registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They knew that when concerns had been identified, notifications should be sent to the CQC as required by law. There had not been a need to do this to date.

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

- Feedback was sought from people. Questionnaires had been sent to people which gave them the opportunity to suggest any changes or improvements. The registered manager had not needed to act on any issues as none had been identified. One review stated, "The carers were amazing with my [family member]."
- Staff meetings had been held to discuss the service. Relevant issues were discussed, which had included important topics, such as staff training and people's care needs.
- People told us that they were treated fairly. They said they did not have any specific cultural or religious requirements, and all their needs had been met.

Working in partnership with others

- The service worked in partnership with others.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met. There was also information in place for management to liaise with specialist medical professionals when needed. Records showed this had taken place.
- Staff understood they needed to inform the registered manager and people's families if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings. They said the inspection enabled them to reflect on providing an even more personalised service for people in the future.