

Eastview Healthcare Services Ltd

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## Inspection report

Regents Pavilion, 4 Summerhouse Road  
Moulton  
Northampton  
Northamptonshire  
NN3 6BJ

Tel: 01604641129

Website: [www.eastviewhealthcare.com](http://www.eastviewhealthcare.com)

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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 announced inspection took place on the 10 and 14 August 2017. Eastview Healthcare Services Limited provides a personal care service to people who live in their own homes. At the time of our inspection the service was providing a live-in care service to one person.

The provider was also the registered manager at the time of our inspection. 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 received care from staff that were friendly, kind and caring. They had the skills and knowledge to provide the care and support people needed and were supported by a provider who was supportive and approachable, receptive to ideas and committed to providing a high standard of care.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. There were risk assessments in place which helped to mitigate identified risks for people and ensured they received safe care.

Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005. They encouraged people to make decisions for themselves and supported them to pursue their interests.

The provider was closely involved in the day to day running of the service and continually monitored the quality of the service provided. Staff and families were confident that issues would be addressed and that any concerns they had would be listened to and acted upon.

## 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 understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way.

### Is the service effective?

Good ●

The service was effective.

People received personalised care and support. Staff were trained to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health professionals to ensure they received the care and support they needed.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were passionate and committed to providing good care and support.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and preferences.

### Is the service responsive?

Good 

The service was responsive.

People and their families were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint.

### Is the service well-led?

Good 

The service was well-led.

The provider was committed to leading a service which supported people to live in their own home for as long as it was safe to do so.

The provider effectively monitored the quality and safety 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 announced inspection took place on 10 and 14 August 2017 and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted health and social care commissioners who monitored the care and support of people using the service.

During the inspection we spoke to the relative of the person who was using the service, as the person was unable to verbally communicate with us. We also spoke with three care staff and the registered provider / registered manager.

We reviewed the care records of the person who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

Staff knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. Staff told us that if they had any concerns they would report it straight away to the provider. The staff had confidence that the provider would take the appropriate action. There was an up to date safeguarding procedure in place which included the contact details of the relevant local authority safeguarding team. We saw from staff records that all staff had received safeguarding training and that this would be refreshed on a regular basis. A relative commented that their relative appeared at ease around the staff and that they felt their relative was cared for safely.

Risk assessments were in place to reduce and manage the risks to people's safety; for example we saw that there was a risk assessment in place in relation to how a person was to be supported to transfer between a chair and a bed. There were clear instructions to staff on how to use a hoist. The provider reviewed the care plans and risk assessments regularly.

Training records confirmed that all staff had received health and safety, manual handling and infection control training. Accidents and incidents were recorded and reviewed to look for any incident trends and to see whether any control measures needed to be put in place to minimise the risks.

There was sufficient staff to meet people's needs. The provider explained that as and when they took on new people they would recruit more staff to provide the level of support each person needed. The staff we spoke to felt there were sufficient of them to meet the needs of the person they were caring for.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the agency. The provider had a system in place to ensure that all checks for criminal convictions would be refreshed every year.

People's medicines were safely managed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and that the provider had tested their competency, records also confirmed this. There was information available which detailed what medicines people were prescribed and the provider had proactively worked with a local GP and pharmacy to ensure that a person's medicines were appropriately dispensed in a way the person could take them.

# Is the service effective?

## Our findings

People could be assured that they received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. A relative said "The staff all seem to have had the training they need, there have been no problems."

Staff told us that the provider always introduced any new staff to people before they started to care for the person. There was an induction programme in place for all new staff and their skills and competencies were tested. One member of staff told us "The induction training and support was good, I did not start working with the person until I felt happy to work alone."

The staff spoke very positively of the support and training they had been given. The induction programme in place ensured that all new staff completed mandatory training, which included manual handling, health and safety, safeguarding and medicine administration.

Staff felt valued and listened to in their roles. The provider was in regular contact with the staff and ensured that they received supervision on a regular basis. One of the staff told us "I have had at least two or three supervisions already since I started; they are a good opportunity to discuss any issues and look at training and personal development." Another member of staff said "The provider often calls in, we never know when they are coming, they make sure we are doing everything correctly which is important."

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. We checked whether the service was working within the principles of the MCA and we saw that they were. The provider had ensured that if a person had been deemed to lack the capacity to give their consent that the appropriate steps had been taken to ensure decisions were taken in people's best interests. Staff spoke to us about giving people choices and asking them what they wanted or needed to promote independence and encourage people to remain in control of their everyday lives.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person may need with regards to eating or drinking. One member of staff said "[Name of person] needs help to eat but we encourage them to do as much for themselves as possible; you just need to give them time."

People's healthcare needs were carefully monitored. The care records detailed people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their GP. A relative told us that staff were vigilant and would seek support if their relative's health deteriorated.

## Is the service caring?

### Our findings

A relative said "The staff are very kind and patient and look after [Name of relative] beautifully; they always seem happy with the staff. The staff are always very cheerful." The staff we spoke with all came across as very friendly, caring and passionate about their job. One member of staff said "I like working for this service because all the staff are caring and supportive."

In our conversations with staff they demonstrated they knew people well and encouraged people to express their views and make their own choices. One member of staff said "I always ask [Name of person] what they would like, for example what would they like for breakfast, would they like to go out."

Care plans included people's preferences and choices about how they wanted their support to be given. There was a 'This is me' information sheet at the front of the care plan which gave the staff the information they needed about the individual person, which enabled the staff to have a greater understanding of the person; this was especially helpful when a person was less able to communicate.

Staff told us they tried to keep people as independent as possible and assisted them with care and support, rather than doing things for them if they were able. For example, they described encouraging a person to feed themselves when they were more able and taking each day as it came working with the person's ability that day. Within people's care plans we saw that they were written in a way to assist and promote independence.

People received their care in a dignified and respectful manner. Staff described how they protected people's dignity, they described closing curtains and doors to ensure no one could see in and covered people up as much as possible to maintain their dignity at all times.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know.

There was information available about advocacy and the provider understood their responsibility to ensure if people were unable to express themselves that they would assist in identifying an advocate for them.



## Is the service responsive?

### Our findings

People and their families met with the provider to talk about whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed and their expectations of the service. This information was then used to develop a care plan for people. The provider made sure there were sufficient resources to meet people's needs before people were offered a service. This ensured that people's needs were consistently assessed and effectively met.

The care plans detailed what people needed and when they wanted support. They were regularly reviewed and updated. We saw that daily records were written up at the end of each visit, they kept everyone up to date and informed of any changes. Staff spoke regularly to the provider which ensured that information remained up to date.

There was information about people's interests and past hobbies. In our conversations with staff it was evident that staff knew people well and had supported them with activities they enjoyed. For example one person had loved animals and listening to music, staff told us they looked at what was on the television they could watch and ensured their favourite music was playing. They took the person out when they wished to and tried to ensure they were accessing activities when they wanted.

People and their families were given information about what to do if they had a complaint or needed to speak to someone about the service. The provider had ensured that there was always someone people could contact. People told us that they would speak to the provider or any of the staff if they had a complaint. A relative told us "I would speak to [Name of provider] if there were any problems; they are very good." We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to. There had been no complaints recorded in the last 12 months.

## Is the service well-led?

### Our findings

People benefited from receiving care from a team of staff who were committed and enabled to provide consistent care they could rely upon. The provider was passionate about providing the best possible care to people and was approachable and available to staff for support.

The provider was actively involved in the service and routinely monitored the quality and safety of the service provided. As this was a small service they were able to address any issues as they arose and deal with them effectively. The provider did have systems in place to monitor the standard and quality of the service and was aware that as the service grew they would need to develop the systems further.

'Spot checks' were undertaken by the provider which ensured that all staff delivered the care as detailed in the individual care plan and at the standard required. One member of staff said "We never know when [Name of provider] is coming, which is good. They want to make sure we are doing things properly." Daily care records and medicine administration records were monitored and any shortfalls in recording addressed.

We saw that the provider had in place a system to gather feedback. We read one comment from a relative 'The service is a godsend; I don't know how we would manage without it.'

The culture within the service was open and transparent and focused upon delivering a tailored made service to enable people to live as independently as possible in their own home. All of the staff we spoke with talked of providing a service that was person-centred and focussed on the outcomes for people. One member of staff said "I will always ask what a person wants and let them tell me when they want to do something, for example, when to go to bed or get up."

Staff felt valued and listened to, they spoke to and met the provider on a regular basis and felt able to speak up about any concerns or ideas they had. One member of staff told us "We communicate well together and [Name of provider] listens to what we say."

There were policies and procedures in place, which included safeguarding, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required; they were able to demonstrate their understanding of their role and responsibilities specifically in relation to safeguarding and whistleblowing.

The provider had systems in place to continually reflect upon the service delivery to identify areas for further development. They led a team of staff who provided a service which was tailor made to meet the individual needs of people and support them to live as independent and fulfilled a life as possible.