

Amicura Limited

Eagle View Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eagle View Care Home is a care home providing personal care to up to 42 younger adults and older people some of whom may be living with dementia or physical disability. At the time of this inspection, 35 people were living at the service. The home is purpose built, set over three floors and is located in the centre of Scarborough.

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

Improvements had been made since the last inspection. Governance systems were now in place and effective in monitoring the quality and safety of the service.

Medicine were managed safely. Guidance for staff was now in place for medicines that were prescribed as and when required. Staff had completed medicine training and had their competencies in medicine management assessed.

People told us they felt safe living at the service and spoke highly of the staff team.

Staff had been recruited safely. An appropriate tool was used to calculate safe staffing levels. Agency staff had been utilised to ensure the required staffing numbers were met. Thorough checks and an induction were in place for all agency workers to ensure they were familiar with the homes policies and procedures.

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 were supported to be involved in making decisions about their care and support.

Risks to people had been assessed, recorded and reviewed on a regular basis. Risk relating to the environment had also been assessed and appropriate maintenance checks were completed on a regular basis.

Staff told us the recent changes in the management team had affected staff morale, but the manager and provider were addressing this. People, relatives and staff were encouraged to provide feedback on the service provided. Action had been taken to address any issues raised.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 July 2021). 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 and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 July 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance processes.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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

This inspection was undertaken by one inspector and an Expert by Experience. The Expert by Experience contacted people via telephone following the inspection site visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Eagle View Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eagle View Care Home is a care home with nursing care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

At the time of our inspection the registered manager was no longer employed by the service, but they remained registered with CQC. A new manager was in post. We have referred to them as 'the manager' throughout this report.

Notice of inspection

This inspection was unannounced.

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 with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three people who used the service and 15 relatives about their experience of the care provided. We spoke with six members of staff including the manager, regional manager, senior carers and care assistants. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We conducted a tour of the service and looked at a wide variety of records. These included multiple care and medicine records, monitoring documentation, staff files and audits used to monitor the service.

Following the inspection site visit we request some documents electronically. These included policies, meeting minutes and provider audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff had received safeguarding training and understood the process to follow to report any safeguarding concerns. Records showed that any concerns had been managed appropriately.
- People and relatives felt the service was safe. On relative told us, "I feel my relative is very safe. I have never had any concerns about that."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and recorded. We found an example where one person's risk assessments had not been updated when their care and support needs had changed. The manager took action to address this immediately.
- Servicing and checks to ensure equipment remained safe for use had been completed on a regular basis.
- Health and safety audits were completed on a regular basis to highlight any shortfalls. Where shortfalls were found, action had been taken to address this.

Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. Improvements had been made since the last inspection to ensure the service was compliant with regulations.
- Accidents and incidents had been audited to ensure any themes or trends were identified and measures put in place to prevent reoccurrence.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Safe recruitment processes were in place and followed. All appropriate pre-employment checks had been completed prior to new staff commencing work at the service.
- A dependency tool was used to determine safe staffing levels. Agency staff were being utilised to fulfil any staffing shortfalls. All appropriate checks had been completed when agency staff were working in the service.
- There was a suitable number of staff on duty to meet people's needs. Call bells were answered in a timely manner.
- People and relatives we spoke with expressed concerns about the high use of agency staff. One relative said, "The staff seem to come and go. Some of the good staff have left and the agency staff just seem to do their job but have little interaction with the residents." Another relative told us, "The high turnover of staff is unsettling for [Person's name]." The manager told us efforts to recruit permanent staff were ongoing.

Using medicines safely

- Improvements had been made with regards to medicine management since the last inspection.
- Protocols to provide staff with sufficient guidance in relation to medicines prescribed 'as and when required' were now in place. Liquid medication now contained dates of opening to ensure they remained safe to use.
- Observations showed that medicines were stored, administered and recorded safely by competent staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visits to Eagle View Care Home were in line with government guidelines.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection 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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective monitoring and auditing systems were now in place. Audits had been completed on a regular basis and highlighted any areas of improvements.
- Senior managers were actively involved in the service. They were visiting the service regularly to ensure the new manager received appropriate support.
- Systems were in place to promote continuous learning and improvement. The manager monitored all areas of the service for any themes or trends and lessons learnt were shared with the staff team.

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

- People told us they were happy living at Eagle View Care Home. There was a warm, welcoming and relaxed atmosphere.
- Staff told us the recent changes in the management structure within the service had been a 'difficult period' which had affected staff morale. One staff member told us, "We have lost a lot of staff and we are struggling to recruit new staff, but we are all pulling together. The situation has just been a little unsettling for us all."
- Work was ongoing to improve communication with people, relatives and staff to promote an open, honest culture. Relatives told us they were comfortable approaching the manager with any concerns.

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 manager understood requirements in relation to duty of candour and had an open and honest approach.

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

- People, relatives and staff were involved in the service. Feedback was requested in relation to the service and how areas could be improved.
- Information boards were displayed around the service which detailed action the manager had taken as a result of the feedback provided.
- Relatives told us communication could be improved. For example, one relative explained how their loved one had suffered a fall, but they had not been contacted. They had discussed this with the manager and action had been taken to prevent reoccurrence.

Working in partnership with others

- Staff had built positive relationships with other professionals who regularly visited the service.
- Records showed that staff actively engaged with other professionals to ensure people received the support they required in a timely way. This help achieve positive outcomes for people.