

Susash GB Ltd

# Eagle House

## Inspection report

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South Yorkshire  
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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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Eagle House is a care home for people who require nursing or personal care. The home predominantly provides care and accommodation for people who have enduring mental health needs or people who require nursing care. Accommodation and nursing care is provided for up to 30 people in the main building, across two floors. There are also 4 bungalows adjacent to the main building for people who are more independent. Each bungalow can accommodate up to 4 people. At the time of our inspection there were 46 people living at Eagle House.

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

Since our last inspection the provider had made improvements to records of the food and fluid consumed by people, the décor of the home, the caring attitude of staff and good governance.

People were safeguarded from the risk of abuse. The home was clean, and people were protected from the risk and spread of infections. There were enough staff available to assist people to meet their needs in a timely way.

Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned. The provider had a safe recruitment process which assisted them in recruiting suitable staff. Risks in relation to people's care were identified and detailed information about how risks could be mitigated. We have made a recommendation about the risk assessment for use of one piece of equipment. The provider has already acted to meet this recommendation.

A training plan evidenced staff had received appropriate training to carry out their roles effectively. Competency assessments were also in place for things such as medicine administration.

People's needs were assessed, and care delivered in line with best practice. Care plans and supporting documentation included people's individual choices and preferences. We observed lunch being served and found people were supported to maintain a healthy and balanced diet which included their preferences.

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.

Throughout the inspection we observed staff interacting with people in a caring and considerate way. We saw staff gaining people's consent prior to carrying out care tasks. People we spoke with were complimentary about the care and support they received.

The management team carried out regular audits to ensure the quality of the service was maintained. The management team took appropriate actions to address any issues. People and their relatives had

confidence in the management team and felt they were approachable.

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 9 January 2020).

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 the provider had made improvements. The overall rating for the service has changed from requires improvement to good.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. This inspection was also carried out to follow up on action we told the provider to take at the last inspection.

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 COVID-19 and other infection outbreaks effectively.

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 based on the findings of this inspection.

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

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Eagle House

## 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 completed by 2 inspectors and an Expert by Experience. 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 House 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.

#### 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

This inspection was unannounced. We inspected the service on 15 November 2022.

### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used information gathered as part of a monitoring activity that took place on 14 March 2022 to help plan the inspection and inform judgements. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people who used the service about their experience of the care provided. We spoke with 7 members of staff, including the registered manager, registered nurses, care workers, administrative and catering staff. We received feedback from a visiting professional. We observed staff interacting with people. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt happy and safe living at the service and knew who to talk to if they felt unsafe. One person said, "Yes, I feel very safe as a result of the care I receive."
- Staff protected people from the risk of abuse, discrimination and avoidable harm.
- Staff completed regular safeguarding training. They knew how to identify and report any concerns. The service had a whistleblowing policy in place and staff were confident to report to outside agencies if required.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people. Care plans included assessments which identified potential risks and how these should be managed. These covered a range of areas, including medicines management, nutrition, moving and handling and skin integrity.
- Risk assessments were detailed, and we observed staff delivering care and support in line with them.
- We have made a recommendation about the risk assessment for use of a commode. The provider acted immediately to meet this recommendation by updating the risk assessments and informing staff of risks in using this equipment.

Staffing and recruitment

- The provider had a system in place to safely recruit staff. This included pre-employment checks such as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed staff interacting with people and found there were sufficient numbers of staff to meet people's needs in a timely way.
- The registered manager completed a staffing tool to ensure there were enough staff to meet the dependency needs of people.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- We observed part of the morning and lunchtime medicines administration. We found safe procedures were followed. People told us they got their medicines on time. One person said, "I always get my medicines, and on time"

- Medicine audits and checks were completed, and actions taken where issues had been identified.
- Staff involved in the handling of medicines had received training about medicines. Staff were assessed as competent to support people with their medicines.

#### 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 Personal Protective Equipment 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

- People were supported to maintain contact with their family and friends and visitors were welcomed at the home.

#### Learning lessons when things go wrong

- The registered manager and provider took appropriate steps to learn lessons when things went wrong.
- The registered manager completed an analysis of accidents and incidents. Appropriate actions were taken when trends and patterns were identified.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Since the last inspection we found further redecoration and refurbishment of the building had taken place.
- The service had a homely atmosphere and was designed to meet people's needs and preferences.
- People had access to several sitting areas and were able to choose where they would like to sit and who they wanted to interact with.
- People had access to a pleasant outside space.

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

- At this inspection we found care staff had improved record keeping of the food and fluid consumed by people who were at risk of malnutrition. People's daily records showed they had received the care they needed. For example, intake monitoring to mitigate dehydration risks.
- People received support to maintain a balanced diet.
- We observed lunch being served and found this was a pleasant experience. People were offered choices and staff checked people were enjoying their meals.
- Staff were supportive throughout the meal and recognised when people required assistance.

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

- People's needs were assessed, and care was delivered in line with standards and best practice guidance.
- People's choices and preferences were at the centre of their care and staff assisted people in a person-centred way.

Staff support: induction, training, skills and experience

- Staff received training and support which assisted them to carry out their roles and responsibilities in an effective way.
- The registered manager kept a record of training and scheduled training, so staff remained knowledgeable.
- Staff received supervision at regular intervals. Annual staff appraisals identified any concerns, what they have done particularly well and any goals for the coming year, such as training requirements. Staff told us they found these sessions valuable and supportive.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. One person said, "Staff contact a doctor for you if you are feeling unwell."
- There was a regular GP who covered the service who visited at least weekly and as needed. We received positive comments about the service from a health professional, they said, "The service is great, I have no problems with them. I wish some of our other care homes were as good."
- Care records evidenced the involvement of external health care professionals. This included specialist health services including mental health professionals, district nurses and dieticians.
- Daily handovers took place. This supported the sharing of information about people and their health and care needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- The registered manager and staff team were knowledgeable about MCA and DoLS and worked within the principles of the MCA.
- Were people lacked capacity to make decisions, appropriate people were involved in making decisions in people's best interests.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- At the last inspection people provided mixed feedback about whether staff were kind and caring. At this inspection people were consistently complimentary about the staff and the support they gave them. Comments from people included, "I am happy with the staff, they respect me" and "I am satisfied with the care I receive; I am happy."
- We observed staff interacting with people and found they were caring, kind and considerate.
- People were supported by staff who knew them well and we saw friendly and appropriate conversation shared between them.

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

- At the last inspection people told us they did not feel involved with the development of their care plans. We found improvements at this inspection. Care plans we checked showed people were involved in making decisions about their care preferences.
- We saw staff supporting people to make choices and staff respected people's decisions.
- Staff asked people what they would like to do and where they would like to sit, what they would like to eat at mealtimes, and assisted them with their choice.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, ensuring care was supported in a dignified way.
- Staff ensured bathroom and toilet doors were closed to preserve people's dignity and spoke with people in a quiet, confidential manner.
- The registered manager and staff team ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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

At our last inspection we found systems were either not in place or were not robust enough to monitor the quality of the service or to ensure accurate, complete, and contemporaneous records were kept in relation to each service user. This was a breach of regulation 17(1) 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.

- There was a registered manager who was supported by a team of staff. They had a good understanding of the requirements of their roles. They understood the current best practice in care and how to ensure information was accessible. They understood about people's rights and how to promote them while keeping people safe.
- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements.
- The provider's systems and processes ensured staff maintained accurate and complete records of the care they provided to people living at Eagle House.
- The provider audited the service regularly, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing any concerns or ideas to improve the quality of the service. We saw evidence of the provider regularly visiting Eagle House and during these visits they spoke with people who used service and the staff.
- The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date.
- The registered manager and the management team created a culture that was open, supportive and inclusive. Everyone we spoke with knew the registered manager and felt they managed the service well and were driving improvements at Eagle House. One staff member said, "[Registered manager's name] has an open-door policy and believes in looking after the staff team. This gets the best out of us and creates a good atmosphere for our residents."

- The registered manager told us they received enough support from the provider. They told us there was a consistent approach to ensure all staff were supported and well led.
- The management team understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The management team had sent statutory notifications to the Commission as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were involved in the service and had regular meetings both as a group and individually to discuss their support.
- People, their families and staff took part in a satisfaction survey. We saw positive results from the last survey.
- Action plans were used to address issues and make improvements to the service where needed.

Working in partnership with others

- The provider worked in partnership with other health and social care organisations and agencies. Professional feedback was positive. One health professional told us, "Communication is good, and the staff know to contact us when they need us."
- There was clear evidence of working closely with the local authority and the local Infection Prevention and Control (IPC) team.