

Eastview Healthcare Services Ltd

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## Inspection report

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29 January 2020

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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

### About the service

Eastview is a domiciliary care agency providing personal care to people living in their own homes. 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. At the time of the inspection one person was receiving personal care.

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

People were supported by consistent staff who knew them well. Staff had been safety recruited and completed all necessary training before starting work.

Risk assessments and care plans were detailed and included all the relevant information needed to support the person safely.

Staff supported people access healthcare and other agencies. Staff understood people's health needs and supported them appropriately.

Staff were kind and caring, they promoted peoples independence whilst maintaining their dignity and being respectful.

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 their relatives were encouraged to be involved in the planning of their care and support. Staff supported people to maintain relationships and to be involved in social activities.

There were systems and processes in place to ensure person centred care was offered and people's choices and routines were documented.

The registered manager and staff team worked with external agencies to ensure best practice was followed and improvements to care were always considered.

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

This service was registered with us on 25 February 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection.

### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### 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 well led.

Details are in our well led findings below.

Good ●

# Eastview Healthcare Services Ltd

## **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.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 January 2020 and ended on 29 January 2020. We visited the office location on 28 January 2020 and contacted a person's relative and staff on 29 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since they registered. 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 one relative about their experience of the care provided. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included one person's care records and medication records. 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 reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- Staff were aware of the signs of abuse and told us they would report any concerns to the registered manager. Staff also knew how to raise concerns with external agencies.
- Staff had received training on safeguarding.

Assessing risk, safety monitoring and management

- Risk assessments relating to the person's health and safety were in place and strategies had been identified to protect the person from potential risks. Risk assessments included nutrition, pressure ulcers, falls, mental health, environment and equipment.
- Staff told us risk assessments were clear and they understood the potential risks and how to keep the person safe.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.
- There were enough staff to meet the needs of the person supported by the service.
- A relative told us the person had a consistent staff team who knew them well.

Using medicines safely

- Staff had been trained in medicines administration and had their competencies checked before being able to administer medicines to people.
- We looked at the person's medication records and this showed that staff managed medicines consistently and safely. However, one medicine had been documented as 'as required' medicine, on review this had been changed to once daily six months previously. Evidence showed that staff had been giving this medicine correctly.

Preventing and controlling infection

- People were protected from the risks of infection as the staff supporting them had undergone training in infection control and used personal protective equipment [PPE] as required. PPE included gloves, aprons and hand sanitizer.

Learning lessons when things go wrong

- The provider had an accident and incident policy. This clearly set out the requirements for reporting incidents which involved people, staff or others.
- Incident and accidents were audited to look for any trends or patterns.

# 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

- Pre-admission assessments were completed before the person started using the service. Information collected enabled the service to ensure they could meet the person's needs.
- Care plans included information regarding people's likes, dislikes routines and preferences. For example, what they liked to eat and drink, what time they got up or went to bed.
- We saw evidence that assessments were reviewed regularly and any changes were implemented immediately.

Staff support: induction, training, skills and experience

- Staff told us their training covered all areas of their roles, and they felt well supported by the registered manager. One staff member said, "If [I need] extra support or training I can request it." Another said, "I get regular supervision from my manager, we talk about everything. I can tell her if I have any concerns."
- Training records showed that staff had received appropriate training to complete all the tasks required.

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

- People were supported to have a healthy and balanced diet and staff received training in food hygiene.
- Care plans detailed the person's food and fluid requirements and preferences.

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

- Care records contained evidence of referrals being made on behalf of the person. Instructions from the professionals in relation to modification of diet and fluid textures was recorded in the care plans and staff were aware of the requirements.
- Staff supported the person to access any healthcare appointment required including doctors, dentist and opticians.
- Staff worked closely with external agencies to ensure the persons holistic needs were met.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff were aware of how to assess and review people's mental capacity appropriately if this was required.
- Staff ensured the person was involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in their best interest.

# 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 newly registered 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

- The person received care from staff who them well and had formed a good relationship with.
- A relative told us staff were "Incredibly kind patient and gentle."
- Staff understood the person's religious beliefs and ensured these were met.
- Staff spoke positively about the person and how they supported them.

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

- A relative told us how they were involved in the planning of the persons care and support.
- Care plans detailed how to support the person in line with their wishes. This included likes, dislikes and routines.

Respecting and promoting people's privacy, dignity and independence

- The person was supported to maintain their independence, staff supported them to do as much as possible for themselves.
- Staff told us how they supported the person to promote their privacy and dignity.
- Information was kept securely. Staff were aware of the person's right to privacy.

# 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

- The person and their representatives had been involved in planning their care.
- Care plans were reviewed and update regularly. Staff told us the care plans contained enough information to understand the person and their needs.
- A relative told us, staff were very good at anticipating and meeting the person's needs.
- Staff completed daily notes. These showed that people received care in line with their care plans. For example, what tasks staff completed and how the person interacted during each task.

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 service identified and documented people's communication needs. The registered manager understood the Accessible Information Standard.
- Care plans recorded the support people needed to access written or verbal information. For example, they noted if glasses were required to read or if a hearing aid was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person was supported to access activities of their choice. For example, staff had arranged for a vicar to visit the person fortnightly to meet their religious needs.
- Staff supported the person to maintain relationships and keep in contact with family members.

Improving care quality in response to complaints or concerns

- Staff knew how to complain but stated they had never needed to. Staff all confirmed they if they had any issues, they would be listened to by the registered manager and felt any concerns would be acted upon.
- Records showed the registered manager had responded complaints in line with the provider's policies and had resolved them to the satisfaction of the complainant.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support. However, people had their wishes and needs documented within their care files.

- The registered manager told us if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

# 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 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

- Systems and processes were in place to ensure person centred care was offered and people's choices and routines were documented.
- Staff received 'spot checks' by the registered manager to ensure they followed procedures and people's care was person centred. Competency assessments were carried out to ensure staff were completing care tasks and support in line with best practice.
- People received care based on their individual assessed needs. When appropriate significant people involved were kept up to date on any changes for the person.
- Staff told us they were happy working for the company and would recommend the service to their friends and family.

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 had been open and honest about any incidents which happened. They ensured relatives were kept up to date with any concerns about people's care needs.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- The registered manager had audits in place to monitor the quality of care. We saw evidence of actions being completed when an area of development was identified.
- Staff were clear in their roles and understood what the provider expected from them.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- The person, their relative and staff were asked for feedback via an annual survey, however, at the time of inspection feedback had not been received.
- Staff had their views heard during staff meetings and the registered manager used the meetings to discuss any concerns and share any lessons learnt with staff.

Working in partnership with others. Continuous learning and improving care

- The registered manager and staff team worked collaboratively with health and social care professionals to ensure people received care which met their needs.
- The registered manager was committed to working towards improving care for people. They welcomed feedback and were supportive of the inspection process.