

Eastway Care Limited

Eastway Leytonstone

Inspection report

Klubhouse, 4 Hanbury Drive
London
E11 1GA

Date of inspection visit:
20 June 2019

Date of publication:
19 August 2019

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

Eastway Leytonstone is a service providing holidays to people who require personal care aged 18 and over. At the time of the inspection 17 people had used the holiday service. Not everyone who used the service received personal care. 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Relatives spoke very positively about how people's lives had been transformed since joining the service. Staff had an extremely compassionate and caring approach and went out of their way to deliver personalised care.

People experienced care that was unique and responsive to their individual needs and choices. Care focused on providing meaningful activities which promoted people's physical and emotional wellbeing and enhanced their lives.

Staff were well-informed about people's risks and how to care for them safely. Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns. The management team regularly reviewed staffing arrangements to ensure there were enough staff with the right skills and experience to care for and support people. People's medicines were managed safely.

People were consistently consulted on all aspects of their care and treated with dignity and respect in a way that truly valued them as individuals.

Staff knew people well and the diverse communication needs of each person.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The leadership of the service was exceptional. The registered manager supported by their senior management team had established a person-centred culture amongst the staff team, that consistently delivered high quality care. Staff were extremely motivated and passionate about their role and clear on

their responsibilities.

Relatives and visitors expressed confidence that they could raise issues or concerns with any member of staff or the management team and that these would be addressed.

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

Rating at last inspection

The last rating for this service was Good (published 21 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Eastway Leytonstone

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

This inspection was carried out by one inspector.

Service and service type

This service provides personal care to people with physical disabilities, learning disabilities, autistic spectrum, some of whom were non-verbal, whilst on holiday. The provider had just started to provide care and support to one person living in their own home.

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 48 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service and four relatives to obtain feedback on their experience of the care provided by Eastway (Leytonstone). We spoke with five staff members including the registered

manager, deputy manager, senior support worker and two support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We asked the registered manager to send additional documentation, including staff recruitment records. We spoke with healthcare professionals who regularly worked with 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe receiving care and support from staff. Comments included, ""Absolutely. I think what makes her safe is that all of the staff know [person] very well. They always make reasonable adjustments to whatever they are doing to make sure [person's] safe."
- The service had a safeguarding policy and procedure and staff knew and adhered to these. Safeguarding information was provided to relatives and people who used the service. Staff knew about the whistleblowing policy and the external authorities to report to should they not be happy with the actions taken by the service. The registered manager understood his responsibility in reporting concerns to the local authority and informing CQC of any allegations of abuse. There had not been any safeguarding concerns since our last inspection in 2016.
- Staff received training in safeguarding and demonstrated a good understanding of their role and responsibility in protecting people from harm by reporting their concerns.

Assessing risk, safety monitoring and management

- A comprehensive risk assessment was carried out prior to the planned holiday. This included specific guidelines for staff on how to manage risks and was designed to encourage people to maintain their independence and live as ordinary a life as possible. Risks assessed included using a hoist for moving and handling, being out in the community, medicines administered and behaviours that may challenge the service.
- Environmental risk assessments were carried out prior to the holiday to ensure the accommodation was suitable for people and able to meet their individual needs. For example, did it have wheelchair access, was there enough room to use a portable hoist and was there a suitable place to store prescribed medicines safely.

Staffing and recruitment

At our last inspection we found two of the five staff files reviewed did not contain records of references. The provider had identified this prior to our visit, although the references had been collected at the point of recruitment, staff responsible for recruitment records had changed and the records could no longer be located. We recommended that the provider followed best practice guidance regarding staff records and storage. At this inspection we found the provider had made improvements in this area.

- Recruitment practices ensured staff were suitable to support people. The necessary checks were carried out before staff started working at the service. These included, criminal records, employment, references

from previous employers, identity and persons right to work in the UK.

- Staffing levels were planned and agreed before each holiday. This included the staff mix in terms of experience and specialisms. Each person was allocated staff based on their level of need.

Using medicines safely

- There was a medicines policy and procedures in place which provided guidance for staff on managing medicines safely. Staff completed medicine training in medicine administration and had their competency checked. This enabled people to receive their medicines as prescribed and safely.

Preventing and controlling infection

- The service had an infection control policy and procedure which staff were aware of. Staff received training in infection control and were issued with all the necessary personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- The registered manager told us of the lessons learnt from the last holiday event. These had resulted in improvements to the way planned holidays were organised and managed. For example, lessons were learnt following problems experienced by staff in finding catering whilst away. As a result it was agreed staff should look for catering options in future venues to reduce time away from client support.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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

- People had their needs assessed prior to joining the service. The assessment 'about you' included how the person wanted to be cared for. This included their communication needs, likes and dislikes, what made them happy or sad, cultural and health needs and any identified risks.
- The registered manager told us an initial needs assessment was carried out as part of a referral to the day centre service run by the provider but not registered by CQC. Once an assessment of need had been completed this formed the support plan.

Staff support: induction, training, skills and experience

- People received care and support from staff who were trained and knew them well. Staff were supported to effectively carry out their role. New staff completed an induction which included training in mandatory areas.
- Staff had the necessary skills, knowledge and experience to deliver effective care and support. Staff received training in areas such as, medicine administration, safeguarding and infection control. They also received training in specialist areas relevant to the people they cared for, such as learning disabilities and autism and epilepsy. One staff member told us that the training they received had helped them to care for the person who had seizures whilst on holiday, "I was able to handle [the situation] and everything I learnt from the training came to me."
- Staff received supervision where they had the opportunity to discuss any concerns in relation to the people they cared for and any training/development needs. Staff signed a supervision contract, this outlined what they could expect, frequency, targets and how these would be achieved.

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

- People's nutritional needs were met by the service and their choices for food accommodated. Staff told us people were given choices whilst away. Although it was sometimes more difficult to source culturally specific foods, staff told us that they would cook this if necessary at the accommodation.
- People's holiday support plans provided details of people's likes and dislikes for food. For example, one person who liked to have a chat and a cup of tea in the morning had this detailed in their care records. This was confirmed by the person who we had a chat with whilst they were drinking a cup of tea.

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

- People had access to healthcare services to ensure their health needs were met.
- People's care records showed that the staff team worked effectively with other health and social care services to ensure people's health needs were met.
- Staff had knowledge about the health needs of the people they cared for and contacted relevant professionals as needed. For example, they liaised with people's GPs, physio and occupational therapist. This was confirmed by healthcare professionals who spoke very highly of the service and told us the staff had been effective in delivering the recommendations required.

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.

At our last inspection we found although records clearly showed that people had been involved in the planning of their holiday, it was not clearly recorded whether people had consented to their care. We recommended that the service follow best practice guidance on adhering to the principles of the MCA. At this inspection we found the provider had made improvements in this area.

- Staff worked within the principles of the MCA and understood the importance of asking for consent and giving choices. Records showed consent to care and treatment had been obtained prior to people going on holiday. The registered manager told us that they had made a lot of improvements since our last inspection. This was evident from records reviewed. Since our last inspection the service had put an MCA policy in place and rolled out workshops to staff around the new format and policy introduced. A senior staff member had completed level 3 training in MCA and all staff had MCA training which was refreshed every three years. Holiday workshops were organised by support workers in February 2019 as part of peer coaching and support.

- Relative's told us that [person] had had a mental capacity assessment as they did not have capacity. "Everyone knows what she wants. I'm her [relative] and I know staff know her well enough to interpret [her needs]. It doesn't just take experience it takes knowledge of that person as an individual." One staff member told us, "if person cannot make a decision for themselves you have [to] make a decision in their best interest. I would explain what we are doing. For example in [the] bathroom I would say 'this is what I am going to be doing'."

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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 and their relatives told us that staff were very kind and caring. Relatives commented, "All of the staff are very caring, more importantly they are fun, and very tolerant and understanding, and ""[Staff] are all lovely I think they are so professional. They know exactly what to do. They are very accommodating to [relative's] needs."
- Staff understood the importance of treating people equally and said they would not discriminate. The registered manager told us, "We welcome LGBT people and raise awareness by making sure all staff respected anyone who identified as LGBT." LGBT is a way of describing people who identify as lesbian, gay, bisexual or transgender.
- Staff told us they completed equality and diversity training and said they treated everyone equally. A staff member told us, "I wouldn't treat [LBGT] people any differently to anybody else I would treat them the same as I treat my other [people who used the service] and I wouldn't make them feel any different."
- People's religious and cultural needs were identified in their care plans. The registered manager told us they respected people's dietary needs. For example, one person who was Muslim and preferred halal or vegetarian meals had this documented in their support plan. This was also confirmed by the person.

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

- People and their relative were consulted about their care before going on holiday.
- The registered manager had arranged regular meetings for people and relatives to have their input in the planning of, activities and individual care. This was confirmed by relatives and minutes of meetings reviewed. A relative told us they knew, "Exactly what [person] was doing and had a laminated version [of holiday care plan] on the fridge and [person] knows they can choose what to do."

Respecting and promoting people's privacy, dignity and independence

- People had their dignity respected and independence encouraged.
- Staff knew people well and the care needed to support people to develop/maintain their independence as much as possible. A staff member told us how they encouraged one person to make their bed by showing them first what to do and allowing them to do it for themselves, "I try to encourage them let them do as much as they can."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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

At our last inspection we found the service had not maintained a contemporaneous record of care received by each person during their holidays. This was discussed with the registered manager

and nominated individual. They told us they had not realised they needed to maintain this level of record keeping during holidays and advised us they would do so in the future. We made recommendations that the service seeks and follows best practice guidance about record keeping in a care setting. At this inspection we found the provider had made improvements.

- People's experiences whilst on their holiday was well documented and included details of daily activities undertaken by people. The service had also introduced communication logs for contact made with family members. Records and relatives confirmed this.
- People received personalised care that was responsive to their needs. Support plans provided details of people's preferences and likes and dislikes. People had their needs reviewed and this was reflected in their plan of care.
- Staff knew people well and supported people in line with their plan of care. People's files contained guidelines for how they wanted to be supported. In one care plan, for example, we saw staff had used a traffic lights system to indicate things the person could do themselves and areas they would need help. A staff member told us, for example, they had read guidelines for one person who had a tendency to display behaviours that challenged the service, and this had helped them to provide the care the person needed by reducing their anxiety and the potential for them becoming agitated whilst out in the community.

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.

- People's communication needs were supported and documented in detail in their support plan. For example, one person's guidelines for communicating stated they used facial expressions to communicate. This also provided information on how they wanted staff to communicate with them, including using pictures and terms of reference. During our inspection staff demonstrated how they used yes and no flashcards to communicate with the person, used closed questions and eye contact.

- People were supported to maintain relationships and take part in activities of their choice whilst on their holiday. This was discussed as part of the planning for the holiday and whilst away people were given choices. A staff member told us, "We asked the clients what they wanted to do, e.g. bowling, museum. Everyday this changed." This was confirmed by people and relatives who told us their relative had taken part in a range of activities. One person told us, "I went bowling and won." Relatives told us they had regular contact with people and this was communicated through Skype or by telephone. A relative told us they had been sent a list of activities to choose from before their relative went on the holiday.

Improving care quality in response to complaints or concerns

- People's complaints were listened to and responded to and used to improve the quality of care. There were systems in place for dealing and acting on complaints. The registered manager told us since our last inspection the service had received one formal complaint regarding communication. Records reviewed showed that this had been dealt with in line with the provider's complaints policy and procedure. We also noted that the service had obtained feedback from the relative making the complaint which showed, overall, they thought the quality of the service was excellent. An informal complaint was also actioned and involved the provider working with other professionals. Records confirmed this.
- Relatives told us they felt confident to make a complaint knowing this would be acted on. A relative told us, "If not happy I would go straight to the top, I have no worries about challenging anything. I don't think I have ever had to make a formal complaint."

End of life care and support

- At the time of our visit no one was receiving end of life or palliative care. The service had policies in place to support end of life care should this be required.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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

- Relatives were exceptionally complimentary about the care and support provided by the service. Comments from relatives included, "They respect the needs of the clients, if any problems they will try and resolve it, it's all client led in this place. I have recommended the service and the person took this up." Another relative who had been away from their relative for the first time told us, "It gives me respite, room to just breath. That says a lot, we don't get breaks, this says a lot about how much trust we have in them to hand over our [relative. I can't praise them highly enough, I don't know what we would do without them."
- People and relatives took part in meetings regarding the planning of the holiday. A relative told us, "They will tell you of any up and coming changes or plans, whether any problems with the service and what you think they could change."

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 an open-door policy whereby staff, people and their relatives could approach them. They had a hands-on approach to working and this was confirmed by staff and relatives. They listened to concerns and involved other professionals when appropriate.

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

- The management team consistently promoted high standards of care by sharing their experience with other managers within the organisation. Records confirmed this.
- There were systems in place for auditing and monitoring the service provided whilst people were on holiday. This involved the director and registered manager visiting the holiday site to check how staff were caring for people. They spent the day with staff and people who used the service and observed individual and group activities. They monitored areas such as personal care and maintaining respect and dignity. Management also used this as an opportunity to give staff feedback and encourage them to talk about any concerns they might have.

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

- People and relatives provided feedback after each holiday had taken place. Records reviewed showed people's views were obtained to capture what they enjoyed about the holiday and the activities they took part in. We saw video evidence of this during our inspection. Relatives were also asked their views about the organisation and the communication prior, during and following the holiday. A relative told us that the service had provided a photo album of the holiday and their relative taking part in activities.

Continuous learning and improving care

- The service worked with other managers within the same organisation to share good practice. For example, another manager had arranged to meet with team leaders from this service to talk about recruitment of staff specifically for planned holidays. Records confirmed this.

Working in partnership with others

- The service worked in partnership with other organisations. Health and care professionals spoke highly of the service and described it as exceptional.
- The provider attended external registered manager forums.