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# Eagle House Care Home

## Inspection report

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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:

Eagle House Care Home is a residential care home providing personal care to 23 older people and people with a dementia related condition at the time of the inspection. The service can support up to 40 people.

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

People received personalised and responsive care from staff who were trained and supported in their role. Staff were aware how to minimise risks to people's safety and knew how to identify and report any signs of abuse. People received their medicines as prescribed.

The home was clean and suitable for people's needs. Risks to people's safety and wellbeing were assessed and minimised. Checks of the environment and equipment were conducted and the provider took action during the inspection to make some window restrictors more robust.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were caring and attentive. Staff were knowledgeable about people's needs and had access to detailed care plans, guiding them how to support people. Trips and activities were planned taking account of people's interests and life histories. There were good links with the local community.

Staff worked well with other professionals to ensure people received compassionate end of life care.

Systems were in place to check the quality and safety of the service and regular audits were conducted. We received positive feedback from staff and relatives about the management and leadership of the service.

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:

At the last inspection the service was rated Good overall (published 30 December 2016).

### Why we inspected:

This was a scheduled inspection based on the service's 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?

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 ●

# Eagle House 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. This inspection was planned to check 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 was conducted by two inspectors on the first day of the inspection and one inspector on day two.

#### Service and service type

Eagle House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

#### What we did before the inspection

We looked at information we held about the service. We reviewed the provider information return. 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 sought feedback from the local authority and Healthwatch. 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 all of this information to plan the inspection.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, manager, deputy manager, cook, activities person, maintenance person and three care workers. 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 looked at records related to people's care and the management of the service. We viewed three people's care records, medication records, three staff recruitment and induction files, training and supervision information, staff rotas and records used to monitor the quality and safety of the service.

After the inspection

We continued to review evidence from the inspection.

# 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed and mitigated risks to people's safety and wellbeing.
- Risk assessments relating to people's individual needs were conducted. These were updated when people's needs changed.
- Relatives felt their loved ones were safe at the home and we observed staff were attentive to people's safety and wellbeing. One person told us they felt "Safe and comfortable."
- Equipment and environmental safety checks were conducted. We asked the provider to re-check all window restrictors were fitted in line with guidance. The provider did this straightaway and made some adjustments on a small number of windows.
- Staff completed accident and incident records and the manager monitored these to see if any further action was required. Improvements had been made to the systems for reviewing incidents and falls, following a safeguarding concern.
- Responsive action was taken when incidents occurred, to reduce the risk of recurrence.

Using medicines safely

- The provider had a safe system to manage medicines.
- Staff who supported people with their medicines received training.
- Regular medicines audits were conducted, to check on practice and ensure that people received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to report any concerns.
- The provider had a safeguarding policy and referred concerns to the local authority safeguarding team when required.

Staffing and recruitment

- The provider used a tool to calculate the number of staff required to support people safely.
- There were sufficient staff during the inspection to respond to people's needs promptly.
- We received mixed feedback from staff about whether there were enough staff, particularly at busy times of the day and times when several people needed attention at the same time.
- The registered manager and manager provided examples to demonstrate how additional staff were deployed when required. Staff confirmed that the manager and deputy also provided care when extra help was needed.
- The registered manager agreed to continue monitoring staffing levels in response to the feedback, and to review the deployment of staffing at key times of the day as required.

- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with people who may be vulnerable.

#### Preventing and controlling infection

- Staff received guidance about infection prevention and control. They used personal protective equipment (PPE) when required, such as disposable gloves.
- Domestic staff were employed and the home was clean and free from malodours.

# 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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and had submitted DoLS applications where required.
- People's consent to their care was recorded in their care plan. Where people were unable to give their consent, decisions had been made in their best interests and recorded appropriately.
- The provider sought information about whether people had a Lasting Power of Attorney or legal representative. This helped to ensure that only those with appropriate authorisation were asked to make decisions on behalf of people.

Staff support: induction, training, skills and experience

- Staff were supported in their role; they received an induction, training and regular supervision.
- The management team and staff were knowledgeable about people's needs and how to provide effective care.
- Staff were satisfied with the training they received and told us they could request additional training or support if they needed it.

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

- People were supported to eat and drink enough.
- Staff were aware of people's dietary requirements and information about people's nutrition and hydration needs was recorded in their care plan. People's weight was monitored.
- Detailed information was available about where staff could buy specific foods to meet any cultural needs.
- People were supported to understand the food choices available. The mealtime experience was pleasant and calm; people used adapted crockery where this was required.



- The provider used a checklist to help them assess and enhance the mealtime experience for people.
- People told us they enjoyed the food. They described it as "Good" and "Nice." Relatives confirmed people received regular snacks and drinks.

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

- Systems were in place to assess people's needs and preferences, so that staff knew how to support them.
- The provider used a range of recognised assessment tools.
- The management team kept up to date with best practice and used this information to enhance people's care. This included making environmental changes; training to improve early identification of pressure wounds; and working with healthcare partners to implement best practice in end of life care.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- People had access to a range of health and social care professionals.
- Information about people's health needs was recorded in their care plan. This included information about people's oral health care needs and guidance for staff about any health conditions people had.
- A visiting healthcare professional confirmed there was good communication between themselves and the staff. They told us staff acted quickly on any recommendations they made. They also provided an example to demonstrate how the positive approach of the manager had assisted them in being able to provide the healthcare intervention one person needed.

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

- The service was designed and decorated with consideration of the needs of people with dementia. There were images painted on the walls of some rooms, such as the dining room, to assist people orientate themselves. Some people had photographs on their bedroom doors to help them recognise their rooms.
- The provider had used a dementia environmental audit tool to help them identify further improvements they could make to the environment. As a result, they had started work to improve the colour contrast in bathrooms, to help people distinguish the features of the room, such as the taps and toilet.
- Good use was made of the pleasant gardens and outdoor space.

# 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 has 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; equality and diversity

- People spoke positively about staff. Their comments included, "[Staff are] Very kind and helpful. They are good" and "They are nice."
- Relatives told us, "Staff without exception are very attentive and caring" and "I can't fault them."
- Staff were very patient, kind and supportive with people. Staff were attentive and responded positively when people became unsettled or distressed. They demonstrated good understanding of the needs of people with dementia.
- Staff showed a good knowledge of people and their preferences. They spent time chatting with people about topics of interest to the person.
- There was information in people's care files about any needs in relation to protected characteristics of the Equality Act. There was a regular religious service at the home, for those who wished to attend.

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

- Staff offered people choices and involved them in decisions. People and relatives were involved in the development of their care plan and in discussions about their care.
- People were involved in the recruitment of staff; candidates spent time at the service so that people could give their feedback and views.
- Information about local advocacy services on display in the home, so people could access independent support with decision making and expressing their views, should this be required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff responded quickly to maintain people's dignity when required.
- Staff provided examples to demonstrate how they promoted privacy and dignity; this was confirmed by our observations and feedback from relatives.
- Staff supported people to maintain their independence and skills wherever possible. A relative told us how staff had helped them understand how to adapt their approach so that they did not reduce their relative's independence.

# 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 has 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

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- Care plans contained information about people's needs and preferences. These were regularly reviewed and updated when people's needs changed.
- Staff responded promptly when they saw people needed assistance or reassurance. They were sensitive in taking account of people's perception of time and place.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care plan.
- The manager and a relative provided examples of how staff supported people to express themselves and communicate. This included using technology.
- Key documents, such as the service's welcome guide, were available in large print.

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

- There was a range of activities and social opportunities available at the home. The activities coordinator and other staff spent time chatting with people on an individual basis and we saw people played games outside in the garden and took part in arts and crafts.
- One person told us, "We have some fun and games."
- Trips and activities were planned taking account of people's interests and life histories. For instance, the day before our inspection a group of people had been to an armed forces event.
  - People were supported to maintain relationships with those close to them; relatives confirmed they could visit any time and felt welcome. Staff had supported one person to visit their relative when they were unwell and another person was supported to use technology to keep in contact with a relative overseas.

End of life care and support

- People received compassionate end of life care and any religious needs were provided for.
- The provider worked alongside healthcare professionals to implement the Gold Standards Framework and

best practice in end of life care. The manager had monthly meetings with the GP and specialist nurses to review all people together; to prepare for any needs and ensure that anticipatory medicines were in place where required. The manager told us this system had been really beneficial in delivering co-ordinated and responsive care.

- There was information in people's care plans about any advanced wishes in relation to care at the end stage of their life.
- Staff received training and there was an end of life care champion who promoted best practice within the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure.
- There was a system for recording any complaints or concerns received, along with detail about how the complaint had been investigated and resolved.
- Relatives confirmed they would feel comfortable talking to staff or the manager about any concerns. One told us, "I raise things and they are dealt with immediately. I admire them."

# 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 has 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.

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

- The management team consisted of the registered manager, who visited the service at least weekly, along with a manager who lead the service on a day to day basis. They were supported by a deputy.
- The management team were aware of regulatory requirements and had submitted notifications to CQC as required. They kept up to date with best practice.
- People's personal information was generally stored securely, but we discussed improving the storage arrangements for some monitoring documentation. The manager addressed this straightaway.
- There were daily handover meetings to exchange key information between staff and ensure they were aware of their responsibilities.

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 management team understood requirements in relation to the duty of candour.
- Examples were provided to demonstrate that when the issues occurred relevant people were offered an apology and explanation.

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

- Staff spoke positively about the management team. One told us, "They (manager and deputy manager) have a genuine open door policy and they always make time for you. They'll never see you struggle. They are very hands on and will help out."
- Relatives said the home was well-managed.
- Staff told us the team worked very well together and that morale was good. Staff and managers demonstrated commitment to providing a person-centred, high quality service.
- There was a quality assurance system and regular audits were conducted to check on the quality and safety of the service. Responsive action was taken as a result. The manager agreed to ensure prompts about appropriate guidance were incorporated into their environmental safety checks.

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

- People were engaged in decisions about the service where they were able to. This included giving feedback on candidates as part of the staff recruitment process and seeking feedback about particular topics, such as

food and activities.

- Staff had opportunity to provide feedback in staff meetings and supervisions.

Continuous learning and improving care

- The management team were committed to continuously improving the service. They had made some changes and improvements since our last inspection, such as changes to the environment and décor, and the system for monitoring falls.
- Staff took action as a result of audit findings and the management team were open and responsive to our inspection feedback.

Working in partnership with others

- The provider worked with other organisations and developed links within the community. This included a range of local facilities and organisations. The service had held a summer fete and afternoon tea, and staff supported people to visit local activities like the Christmas lights and Hull Fair.
- Staff worked in partnership with other health and social care professionals to meet people's needs.