EAGLECREST VENTURE LTD

EagleCrest

Inspection report

Unit 69, The Wenta Business Centre
Colne Way
Watford
Hertfordshire
WD24 7ND

Tel: 01923693765

Date of inspection visit:
12 October 2018
15 October 2018
16 October 2018

Date of publication:
14 November 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection activity commenced on 12 October 2018 and concluded on 16 October 2018. We contacted people who used the service and relatives to request feedback from them on 12 October 2018. On 15 October we contacted staff to get request feedback. On 16 October we inspected the office location. This was the first inspection since the service was registered in October 2017.

The inspection was announced and was undertaken by two inspectors.

EagleCrest is a domiciliary care service which provides care and support to people living in their own homes in the community. This assists them to live as independently as possible. At the time of this inspection, three people were being supported by the service. Not everyone using EagleCrest received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People were supported by staff who had received training on how to keep people safe from potential harm. Risks were assessed and measures put in place to help reduce the risk of avoidable harm.

Pre-employment checks were completed, however where potential candidates had gaps in their employment history these were not fully explored. Other checks included obtaining a disclosure and barring check (DBS) and taking up of a minimum of two references. Potential staff were required to provide proof of their identity and checking other documentation to check they were of good character and suited to work in this type of service. There were sufficient staff to ensure people's needs were met safely.

Medicines were managed safely by trained and competent staff. However, at the time of our inspection people were only being reminded to take their medicines by staff. The provider had effective procedures in place to help prevent and control the spread of infections.

The registered manager told us no accidents or incidents had occurred since the service registered so we were unable to assess any potential learning from such events.

People's needs were assessed and met effectively by staff who had the right training, skills and support. People were encouraged to eat and drink a balanced diet to help them remain healthy. People had access a range of healthcare services when needed.

People and where appropriate their relatives were asked to consent to their care plan. However, this was an area that needed development. The registered manager was seeking additional support to help them understand and implement how the service had to apply the principles of the Mental Capacity Act 2005.

People were cared for by staff who were kind and caring and showed compassion. Staff treated people with dignity and respected their privacy. Staff encouraged people to make choices about things that were

important to them. People were involved in the review of their care plans. However, there was little detail about people`s likes, dislikes and preferences in care plans.
There was a process in place to receive and manage complaints and compliments. Although the registered manager told us that no complaints had been received since the service registered.

The registered manager was open and transparent throughout the inspection process, was receptive to constructive feedback and was committed to develop and improve the service. This included the development of effective quality assurance systems to improve the service people received.

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.

Pre-employment checks were completed but needed further development to make them robust and consistent.

People felt safe when receiving support from staff from EagleCrest.

People were protected from the risk of potential harm. Staff had received safeguarding training and understood the procedures that were in place.

Individual risks to people's health and well-being had been identified, assessed and managed appropriately.

There were sufficient staff to meet people's needs.

Staff had received training in the safe administration of medicines. But were not supporting people with administration at the time of our inspection.

Is the service effective?

Good

The service was effective.

Staff received training, and were supported by the registered manager. This equipped staff with the knowledge and skills to provide effective care.

People and or their relatives were involved in decision making were asked to give consent to the care and support they received.

People were supported to eat and drink sufficient amounts to maintain their wellbeing.

People had access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, compassionate and caring.

People were encouraged to make decisions about their care and support.

People had developed positive relationships with the staff who supported them.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not always involved in all aspects of the planning of their care.

Care plans were not always personalised and did not reflect people's preferred routines.

People were aware of how to raise any concerns. However. no complaints had been made since the service registered.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service had limited systems in place to monitor the service.

Audits and quality assurance processes were not fully implemented and required development to demonstrate they were effective in monitoring the quality of the service provided

The registered manager was hands on and demonstrated a willingness to learn and improve.

People and staff spoke positively about the registered manager and their management of the service.

EagleCrest

Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection commenced on 12 October 2018 and was announced. Two inspectors undertook the inspection.

The provider was given 48 hours' notice of our intended inspection because the location provides care and support to people living in their own homes and we needed to be sure that appropriate senior staff would be available to assist with our inspection.

Inspection site visit activity started on 12 October and ended on 16 October 2018. It included speaking to and receiving feedback from people who used the service their relatives, speaking to staff members, and professionals.

Before the inspection we looked at all the information that we had about the service. This included a Provider Information Return (PIR) which is a form that tells us about the service what they do well and any improvements they intend to make. We received the PIR on 2 August 2018. We also reviewed information we held in relation to the provider including notifications. A notification is information about important events which the provider is required to send to us. We also requested feedback from professionals and received feedback from one professional which was positive.

We reviewed care records for three current service users and one person who had previously been supported by the service. We reviewed three recruitment files, training and staff support arrangements. We also looked at the quality assurance processes and other records relevant to the overall management of the service.

Good

Is the service safe?

Our findings

The provider had a recruitment policy in place, however, we found that the policy was not always followed. For example, we found that gaps in the staff's employment history were not always explored. We also found that copies of staff identification documents were not dated or verified to confirm that original documents had been seen. We spoke to the registered manager about this and they agreed that they would address these areas as a matter of priority. They agreed to ensure they followed the provider`s recruitment policy going forward by ensuring the process was more robust and consistent.

We found that pre-employment checks that had been completed included a Disclosure and Barring Service checks (DBS) for each staff member, two written references, with at least one being from a previous employer and proof of their identity.

People were protected from the risk of potential harm. Staff had received training in safeguarding and were aware of the reporting procedures if they were concerned about anyone. One staff member told us, "I have had the training. Yes, there is a procedure. I would report it to the manager. If the manager was not available then I would make a decision based on my training." Another staff member told us, "The procedure is, I would inform my line manager straight away."

People who used the service told us they did not have any concerns. One relative told us, "I feel [Name] is safe and the staff are all very good and knowledgeable". Another family member told us, "I am very pleased they are a small team and they know [Name] well there are no concerns regarding safety."

Training records confirmed staff had completed training in safeguarding. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team and contact details was displayed in the office.

Individual risks associated with people's care and support had been assessed prior to the commencement of the service. The registered manager told us they reviewed these after four weeks or more often if people`s needs changed. Risks assessed included a falls risk assessment, nutrition, environment, equipment, personal hygiene and moving and handling. The registered manager told us risks were reviewed periodically and always if there had been a change in the persons situation and or ability. Where risks had been identified, information was provided for staff to reduce and or mitigate the risk as much as possible.

There were sufficient staff deployed at all times to keep people safe and meet their needs. The rota was planned to ensure that there were sufficient staff with appropriate skills and experience to meet people's needs safely. Staff had sufficient travel time to enable them to travel between visits without having to rush.

People received their medicines safely. Staff authorised to administer medicines had attended training and their competency assessed. However, at the time of our inspection no one was having their medicines administered. Staff were just reminding people to take their medicines.

People were protected from the risk and spread of infection because staff had received training in this area and were provided with personal protective equipment which included gloves and hand sanitizer.

Good

Is the service effective?

Our findings

People told us they felt they received care and support that was effective and met their needs. One person told us, "They [staff] know [Name] very well and I believe they are effective." Staff were knowledgeable about the people they supported. The staff team was small and consistent with people being supported by the same staff on a regular basis.

Newly employed staff members were required to complete an induction which included training in moving and handling and administration of medicines. One staff member told us, "I did manual handling, dementia and the care certificate." Another staff member told us, "I have had training in safeguarding, medication, enablement, Mental Capacity Act (MCA) and manual handling."

There was an ongoing training programme in place. The registered manager was in the process of developing the training plan to help ensure that staff had refresher training when required. Staff felt that the training provided gave them the skills they needed to support people appropriately and gave them opportunities to continue their personal development, in particular in topics that were of interest to them. One staff member told us, "I am the dignity champion."

Staff told us they felt supported by the registered manager. The registered manager told us they regularly worked with staff in the field and were able to complete work based assessments and individual supervisions. They told us they were planning to complete staff appraisals annually to help staff set their objectives and look at any training needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us they obtained peoples consent for the care they received. However, we found that where people lacked capacity, relatives were asked to provide consent. The registered manager was in the process of getting some support to help embed the principles of MCA. To comply with the requirements of MCA where people had been assessed as lacking capacity we would expect to see that best interest decisions had been made on behalf of people and would be documented within their care plans.

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing and were supported when required to access a range of healthcare professionals and or services such as their GP and district nurses.

Good

Is the service caring?

Our findings

People received care from staff that knew them well. They developed positive relationships. One relative told us, "[Staff] are extremely kind, they often do little extra jobs like putting the bins out for me which I really appreciate." Another relative told us, "I am extremely happy with the staff, they are very patient and kind to [Name]. They really do try their best." A staff member told us, "We are providing services and we have signed up to deliver care that people want. We need to make sure we are doing the care that the client wants. We discuss everything with [Name] and this protects myself and my manager. If they are happy then I am happy."

One relative told us staff and registered manager took time to understand the needs of their family member. As a relative they felt listened to and respected. They told us they only had to call the registered manager or speak so staff if they had anything that needed to be sorted out or clarified.

People told us that staff treated them respectfully with compassion and kindness. One person told us, "The staff and the registered manager often take time to stay and have a chat with us and this is much appreciated." However, one person told us, "I don't understand their language and I don't think they understand me either." Another person also said they had some difficulty understanding staff because they had an accent.

We spoke to the registered manager about communication and how they ensured staff could communicate effectively with people they supported. The registered manager told us that for some of the staff where English was not their first language they had enrolled in English classes to improve their communication. The registered manager also worked alongside staff regularly so they could monitor communication.

People were treated with dignity and respect. A small and consistent staff team supported people. The registered manager told us staff had received training in relation to providing dignified care. People told us the staff were respectful and maintained their dignity and privacy. For example, by making sure when providing personal care, it was done in the privacy of their bathroom or in their bedroom.

People's confidential information was kept securely and respected by staff. Information about people was shared on a need to know basis and with their agreement. Records relating to people's care and support were stored securely in filing cabinets stored within a locked office. The registered manager told us they were transitioning records an electronic system which would further protect and maintain people`s confidentiality.

Requires Improvement

Is the service responsive?

Our findings

People did not always receive care and support, which was personalised and responsive to their individual needs. Care plans did not always capture important information in relation to the individual. For example, care records for people contained only very basic information most of which was of a tick box nature.

We found that care records did not contain information about people's life histories, likes and dislikes, any religious observations which may have helped with decision making or advanced planning while people were still able to have these conversations. During our inspection visit, the registered manager told us they were not providing end of life care for anyone at that time.

We spoke to the registered manager about the development of care records to make them personal and to record aspects of people's lives which was important to them. There was little evidence of discussions or an awareness of the need to be sensitive and considerate about issues around equality, diversity and human rights. However, we noted that people were offered a preference of male or female worker and were asked how they wished to be addressed.

In one person's care record we found several entries in the daily records which suggested the person sometimes became agitated during hoisting and during the provision of personal care. However, there was no evidence about what had been done in response to this or to inform staff what strategies they should attempt. We also noted that an 'All about me and my life` plan had not been completed. Had this of been completed with information relating to the persons career. past work, hobbies or interests this may have provided an opportunity to help engage the person and reduce their anxiety at these times.

We found that although there was evidence of people involvement at reviews there was little evidence of initial involvement. For example, if people were unable to contribute an opportunity existed to request this information from family members to try and build a more detailed picture of the individual.

We noted one care record contained a body map with a pressure sore but there was no evidence of how this was managed or followed up.

The registered manager told us that staff kept them updated if there were any changes in people`s needs. For example if an increase or a decrease in the number of visits were required.

People and relatives told us they were confident to raise any concerns with the registered manager. They had information, which was available in their file, on how to make a complaint and told us they knew they would be listened to. One person told us, "If there is anything you want sorting out, you've only got to ask." One relative told us, "I just speak to [Name] of registered manager. They are very helpful and things are taken on board."

The registered manager told us that they operated an effective out of hours service and they were contactable at all times. For example, if in the event of a staff member not being able to attend a visit. The

registered manager was able to deploy a staff member or would attend themselves to ensure people received the support they needed.

Requires Improvement

Is the service well-led?

Our findings

We found that the quality monitoring systems that were in place to monitor the quality of the service needed to be developed to ensure that they were effective in identifying areas which required improvement.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager worked closely with staff to assess the care they provided. People's care plans and daily records were checked and people were asked for their feedback at regular reviews. However, there was no formal system in place to record when these quality checks were planned.
There were no formal systems to ensure system were planned and embedded and completed at regular intervals.

Regular spot checks were completed at the service user's homes. But staff were unable to discuss confidential information with the registered manager which may have included reference to other people who used the service.

The registered manager had not demonstrated that they understood their responsibilities to complete MCA assessments when people were deemed to lack capacity in the absence of any formal assessment. We could not be assured that people received care that was in their best interest.

We recommended that the registered manager becomes familiar with the process for completing MCA assessments to ensure compliance with the MCA principles.

Although there were no formal processes in place to monitor the quality of the service people were generally happy with the care they received. People gave positive feedback about the registered manager and the way they managed the service. This was due to the personal nature of the delivery of the care. The registered manager was described as very 'hands on' and supportive to staff.

The registered manager had developed an audit tool to assess all aspects of people`s care and support. however, this had not been implemented at the time of our inspection so we could not assess how effective it was or how information gathered would be used to improve the service.

People were very positive about the care they received. One relative told us, "I have had experience of care for another family member from a different agency and it was not nearly as good as the support provided by EagleCrest. I would recommend this service if anyone I knew was looking for care."

We found the registered manager to be open and transparent and they demonstrated an appetite to improve. They were receptive to feedback given and were determined to implement sustainable systems to

ensure they provided good quality care. One staff member told us, "I am proud to work here. All the colleagues are really good and teamwork is excellent."