

Eastway Care Limited

# Eastway Leytonstone

## Inspection report

Klubhouse, 4 Hanbury Drive  
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Date of inspection visit:  
27 October 2016  
03 November 2016

Date of publication:  
21 December 2016

### 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

The inspection took place on 27 October and 3 November 2016 and was announced. The provider was given 48 hours notice as they are registered to provide personal care to people in their own homes. We needed to be sure that someone would be in the office to speak to us.

Eastway Leytonstone provided personal care to people with learning disabilities while they were on holiday. At the time of our inspection they had supported two holidays which 6 people had attended. This was their first inspection.

The service had a registered manager. 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.

People and their relatives had been involved in the development of the service and the planning to go on holidays. Through the use of person centred planning meetings individual care plans with a high level of personalisation had been created. Group meetings for people going on the holidays had been used to ensure people were involved in making decisions about activities, menu planning and other aspects of the holidays.

Although records clearly showed that people had been involved in the planning of holidays, it was not clearly recorded that people had consented to their care. We have made a recommendation about recording consent and the Mental Capacity Act 2005.

The service had completed robust risk assessments for individual risks and for all group activities. The measures in place were clear for staff to follow and were not overly restrictive of people. Staff were knowledgeable about safeguarding adults from harm and the service had robust processes to ensure that people were protected from abuse.

People had complex health needs and were supported to take their medicines by staff. Records showed this was managed in a safe way. People had comprehensive plans in place regarding their health needs including detailed guidance on how to respond to health emergencies.

Staff had developed positive relationships with the people they supported. Relatives told us the strength of the relationships helped ensure people had a good time on the holidays. Staff knew the people they were supporting well.

People had been supported to take photographs and videos of themselves as a record of their holidays. Staff had supported people to make a holiday diary when they returned home. However, the service had not maintained records of care delivered while on holiday. We have made a recommendation about keeping

records of care.

Staff spoke highly of the training provided by the service. Records showed that staff receiving specialist training to assist in the development of their roles. Staff received the supervision and support they needed to perform their role and responsibilities.

Relatives and staff spoke highly of the registered manager and the senior management of the provider. There had been a high level of management support available during the holidays. After the holidays, management evaluated the quality and experience of the holidays and made plans for improvement.

## 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. People told us they felt safe and the provider had systems in place to protect people from abuse.

The service had assessed risks faced by people and put in plans to mitigate these risks.

People's medicines were managed in a safe way.

The service had enough staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective. Staff received the training and support they needed to carry out their roles and responsibilities.

People were supported to choose their meals and eat in a safe way.

Care plans contained detailed guidance on supporting people with their health issues.

People were supported to be involved in decision making. It was not clearly recorded that the service had followed the principles of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring. People and staff knew each other well and had developed positive relationships.

People were involved in making decisions about all aspects of the holidays.

Staff told us how they respected people's dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive. Care plans were highly personalised and contained a high level of detail about people and their preferences.

People and their relatives had been involved in the planning and development of the holidays.

The service had an accessible complaints policy. Relatives told us the service listened to them.

**Is the service well-led?**

**Good** ●

The service was well led. Relatives and staff spoke highly of the registered manager and the senior leadership of the provider.

The mission and values of the organisation were person-centred and empowering. They were well understood and known by staff.

Managers had evaluated the holidays and made plans for improvement.

# Eastway Leytonstone

## **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 was planned to check 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 user the Care Act 2014.

The inspection took place on 27 October and 3 November 2016 and was announced. The provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to be sure that someone would be in. The inspection was completed by one inspector.

Before the inspection feedback was requested from local authority commissioning teams and the local Healthwatch. We reviewed the information we already held about the service, including the information provided by the provider when they registered the location.

During the inspection we spoke with two people who used the service and two relatives. We spoke with the registered manager, the nominated individual, the deputy manager a team leader and a support worker. We looked at the care plans and records for three people. We looked at the records of five members of staff including recruitment, training and supervision records. We reviewed various policies, meeting records and other documents relevant to the running of the service.

# Is the service safe?

## Our findings

A person who used the service told us they had felt safe while receiving a service. Another person responded enthusiastically when asked if staff made them feel safe. Staff were knowledgeable about the risks that people faced and told us how they would escalate concerns about abuse or avoidable harm. The provider had robust policies in place regarding incidents and safeguarding adults from abuse. There had been no incidents or allegations of abuse during the time the service was delivered. The service had systems in place that ensured that people were protected from avoidable harm and abuse.

The service had completed a range of risk assessments in preparation for the holidays. The process had included the registered manager and one of the directors of the company visiting the proposed site to ensure it was suitable for the needs of people being supported. Risk assessments included the travel arrangements, various activities, health and safety risks, medical emergencies and lone working.

People's files contained individual risk assessments relating to individual risks. These included comprehensive plans to support people who could present with behaviour which challenged the service, personalised activity risk assessments, the use of public transport, mobility, and moving and handling. The risk assessments were detailed and provided staff with the information they needed to mitigate risks faced by people.

Staff were confident in how they would have managed unexpected or new risks that might have presented during the holidays. One member of staff said, "I was a bit anxious because it was outside how we normally support people, but we had clear plans in place." Another member of staff told us, "It all went really smoothly. We'd almost over-planned but that meant it was easy while we were there."

People were supported to take their medicines by the service. People had individual plans relating to their medicines and these included details of what their medicines were for and how to support people to take them. Staff were confident in describing the medicines administration process and told us how they would deal with errors appropriately. Records showed the service had audited and recorded medicines received and returned and two staff had recorded each dose of medicines administered.

People had been prescribed medicines on an 'as needed' basis for use in pain relief or during medical emergencies such as seizures. The guidelines in place for the use of these medicines were clear and thorough. They provided staff with the information they needed to know when to offer and administer these medicines. Where these medicines required specialist training to administer safely records showed staff had received this training and attended regular refreshers. Staff had been trained in medicines administration and management staff had assessed staff competency in administering medicines. One person said, "They [staff] helped me take my tablets with the glass of water."

The provider had calculated the staffing needs for the holidays based on the existing staffing ratios used to support people at the provider's day centre. The staff who supported people to go on the holidays had

volunteered from within the existing staff team and knew people well. Records showed that staff were recruited in a safe way. The provider completed competency and values based interviews which were assessed by three senior members of staff. Criminal records checks were completed to ensure that people were suitable to work in a care setting.

Records showed in three of the five files checked that appropriate employment and character references had been collected. However, records of references for two of the staff were not on the file. The provider had identified this when preparing the files for inspection. The staff had been working in the service for a number of years and had demonstrated they were suitable through their work. The provider informed us that references had been collected at the point of recruitment but the staff responsible for recruitment records had changed and the records could no longer be located.

We recommend the provider seeks and follows best practice guidance regarding staff records and storage.



# Is the service effective?

## Our findings

Records showed staff received training in areas relevant to their role. Training included moving and assisting, health and safety, first aid, specific intervention approaches for people who presented with behaviour which challenged the service, autism, epilepsy and infection control. Records showed the service followed a structured induction and probation plan for staff when they joined the service. This included records of training and competence assessments, coaching sessions regarding policies and procedures.

Staff told us they thought the organisation provided high quality training. One staff member said, "The training is brilliant, I look forward to it. The delivery is really good, it's not just reading there's lots of interaction." Another staff member told us that if they made a request for specialist training the provider would find it for staff. They said, "I raised that we should have training [in specialist area] and they looked into getting someone to train everyone in that area. It does happen." A relative told us, "Staff were fully trained. I was confident that if there were any problems they would know what to do."

Records showed that staff received supervision in line with the provider's policy. As staff worked mainly in the provider's day service, supervision records showed discussions focussed on work relevant to the day services' activities including individual and group issues. Records showed that supervisions had been used to discuss planning for the holidays including that staff were clear on their responsibilities when supporting people on holiday. Staff told us they found supervision useful. One member of staff said, "Supervision is helpful, we use it to discuss my performance, workload, safeguarding issues, health and safety issues and my personal development." This meant staff had received the training and support required to perform their roles.

People had been involved in planning meetings for the holidays. Records showed that these had included choosing the meals that people would eat while they were on holiday. The service had supported people to write a shopping list before they went on holiday and this included people's preferred breakfast and snack options. As the service was supporting people on holidays, main meals were mostly eaten out in restaurants and cafes. One person told us, "I had toast and tea for breakfast. I helped make it."

Relatives told us they were confident the service knew how to support their relatives with their eating and drinking needs. A relative told us their family member usually followed a strict diet, but the service was flexible during holidays. They said, "Staff checked with me about following the usual eating plan or being a bit more flexible. We agreed to let my relative choose and throw in a bit of naughtiness for the holidays." Where people had specific needs regarding eating and drinking, for example, if they had difficulties chewing and swallowing their food, this was clearly recorded in their support plan along with the actions staff should take to ensure people were supported to eat and drink safely. One relative said, "They [staff] helped my relative with his swallow."

People using the service had a range of complex health conditions which were detailed in their care plans. There were robust guidelines in place for staff to follow in order to support people to maintain their health. Where appropriate, the service had detailed guidelines for responding to seizures including how different

types of seizures presented and appropriate responses. One relative told us the service had made observations regarding their relatives health during the holidays which they had fed back after the holiday. The person has since received input from healthcare professionals regarding this issue. Another relative told us they had confidence in staff abilities regarding health conditions. They said, "Staff are very trained in my relatives medical conditions. I didn't have to worry at all." This meant the service ensured that people's health needs were met while they were on holidays, and they appropriately escalated health concerns.

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

The service had clear records that people and their relatives had been involved in planning for the holidays and had made decisions regarding activities, food and drink. Records of planning meetings showed these had been made accessible to people through the use of pictures and other user involvement methods. However, it was not clearly recorded that people had directly consented to their care. The service had not completed capacity assessments regarding consent to holidays where there were doubts that people had capacity to consent. However, it was clearly recorded that people and their families had been involved in the decision making process. However, it was not recorded whether family members were legally appointed decision makers with the authority to consent to care on their relative's behalf. This meant it was not clearly recorded that the service was working to the principles of the MCA.

We recommend the service seeks and follows best practice guidance on adhering to the principles of the Mental Capacity Act 2005.

## Is the service caring?

### Our findings

People who went on the holidays were well known to the service as they had used the provider's day service provision for a number of years. One person told us they had chosen which staff supported them. They said, "I chose who I went with and shared a room with." A relative told us, "The staff know my relative very well. I wanted to know which staff would be going with them. They have known my relative for seven years. They know her ways and know what her moods look like." Another relative told us the staff were, "Lovely and friendly."

Staff spoke about the people they supported with kindness and affection. They told us how they could identify people's moods and how to support them to improve their days. One member of staff said, "If it's a bad day [person] will sit by themselves and isolate themselves, but they love music and sensory lights so if you put some music on, and do some dancing that can help." Another member of staff said that the strength of the relationships between the staff and the people on the holidays had meant, "It felt like a holiday for all of us."

People's religious and cultural needs were included in their care plans. No one chose to practice their faith while they were on holiday, though religious diets were respected.

Records showed that people had been involved in making decisions about the holidays through various meetings. The meetings had been facilitated with visual images of the options available and recorded with images to assist people's understanding. Care plans contained a high level of detail about how people expressed their moods and communicated their needs.

During the holidays people were encouraged and supported to develop friendships with other people they were on holiday with. One relative told us this was very important to them and their relative. They said, "My relative is at the age where they want to do new things and meet new people. The holiday really helped with that. They made a new friend while they were there and that was lovely to see."

Staff told us that they promoted people's dignity while providing care. Staff gave examples of how they would ensure that people's dignity was maintained during care, for example, by making sure that doors were shut and curtains closed during personal care.

## Is the service responsive?

### Our findings

The service knew the people they supported well from having worked with them through their day services for a number of years. This was reflected in the level of detail and personalisation of the plans in place for supporting them on their holidays. The service had created an "Our Holidays" folder which contained accessible versions of the plans for the holidays, including the choices of activities on offer. Records showed that people had been involved in meetings where the activities available had been discussed and people had been supported to make choices about what activities they did during the holidays. One person told us about their visit to the arcade and it was clear from their enthusiastic communication style this was something they had very much enjoyed. A relative told us they were particularly pleased their relative had been supported to try new things during their holiday.

The holidays had been discussed at both service user and relatives meetings. People and their relatives expressed an interest in going on holiday and this was the start of the more detailed planning and assessment process for the holiday. Records showed each person had been involved in a series of person centred planning meetings in the lead up to the holidays where their care and support preferences had been discussed. Care plans contained communication passports where this was appropriate to support staff to understand people's communication, particularly when they did not use speech to communicate. These contained details of how people expressed their moods, including pleasure, unhappiness and boredom.

Staff told us, and records confirmed, they had liaised with people, their families and wider support networks to find out the details of how people wished to be supported with their care. The service recognised that supporting people during the holidays involved different support from what they usually provided in the day service and that supporting people with their morning and night time routines was very different from their usual role. Relatives had provided the service with details of people's usual routines and records showed this information had been recorded in care plans for staff to follow. These plans included details of how to respond if people woke up in the night or became distressed. The level of detail varied according to how much information had been provided by people's usual care givers. Staff told us they felt they had sufficient information to provide care in a way that met people's needs. Relatives told us they were confident people received support in a way that met their needs and preferences. One relative said, "I was very confident they knew how to support my relative. They look after him very well."

The provider had an easy to read version of their complaints policy that was more accessible to people who used the service. The provider recognised that paper documents would always be inaccessible to some people who received a service. In order to ensure that people and their relatives were able to complain and provide feedback the provider encouraged regular feedback between the service and people and their relatives. Relatives confirmed they were in regular contact with the service and were confident that any concerns would be responded to. There had been no formal complaints about the service.

During the holiday, staff had supported people to record their experiences using photographs. After the holiday staff had created a holiday diary which included details of the activities people had participated in, the meals people had eaten and lots of photos of people on their holidays. The service had filmed people

during the holidays and clips viewed showed people explaining that they were enjoying themselves. The service had also recorded outcomes for people attending the holidays. These had included cooperation with care tasks, and trying new activities. However, the service had not maintained a contemporaneous record of care received by each person during the 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 recommend the service seeks and follows best practice guidance about record keeping in a care setting.

## Is the service well-led?

### Our findings

Relatives spoke highly about the management of the service. One relative said, "Management is all in place. That's another reason I didn't worry. I knew there was always backup for the staff, someone for them to speak things through with." Another relative said, "The staff and managers are very helpful to me." Staff told us they found management approachable and supportive. One staff member said, "I was a bit anxious but I got support from management and colleagues." Another staff member praised the registered manager and other colleagues. They said, "The registered manager is very approachable, I probably bother him every day. The director was there too. We were really well supported and it was really well planned. [Staff member from provider's other service] did a lot of work too, it was amazing." This meant that staff felt supported by both management and colleagues. The provider had ensured that management support was easily available for staff during the holidays. One of the directors of the company stayed onsite to ensure that management support was available. In addition, the registered manager contacted staff daily and attended for one day of the holiday.

The provider had a clear mission statement and values. Records showed that staff received training on this during their induction and discussed how they worked to the values in their supervision meetings. The values of the organisation included a commitment to person centred care and ensuring that people were offered and able to make choices. When discussing how a staff member showed they respected the people they supported, one staff member said, "Showing respect includes respecting people's choices. We go off the seven values and it's there." This meant the culture and values of the organisation were person-centred and were embedded in the staff team.

The service had developed champion roles for staff. This meant that a named staff member was a designated lead in an area of support. Champion roles included autism champion, dignity champion and improvement champion. In addition, the service held regular meetings with people and their relatives which focussed on areas for improving the service. Records showed that the planning for holiday schemes had come from these meetings and had been developed through staff meetings within the service.

After the holidays the service held a de-briefing session with the managers of the services involved and senior managers from the provider. Records showed this session considered the feedback received from people and their relatives, future plans, and outcomes for people. The meeting also considered lessons to be learnt from things that were more difficult. This included ensuring that staff were given time off before returning to their usual duties, adjustments to medicines processes, changes to record keeping, costs and planning. This meant the service had evaluated the quality of the service and made plans for improvement.