

Eastway Care Limited

# Eastway Romford

## Inspection report

Units 9/10  
Stanton Gate, 49 Mawney Road  
Romford  
Essex  
RM7 7HL

Date of inspection visit:  
15 June 2017

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13 July 2017

### 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 15 June 2017 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 Romford provided personal care to people with learning disabilities while they were on holiday. At the time of our inspection they had supported one person in their own home for personal care and five people on two holidays. This was the first inspection of the service.

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.

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Staff had good understanding of people's needs and demonstrated knowledge of safeguarding from abuse. Before people went on the holidays, staff ensured that risk assessments were completed and proper planning undertaken so that potential harm to people was managed. The service had a recruitment processes which required that new staff were checked before they started work.

The service provided support, training and supervision to enable people to work effectively. Staff understood the principles of Mental Capacity Act 2005 and ensured that people made decisions about their care, whenever they had the capacity. People were also supported to have meals food that reflected their needs and preferences. When needed, staff worked with healthcare professionals to ensure people had access to medical care and medicines.

Staff ensured they treated people with respect and dignity. There was good communication between staff and relatives. This showed that relatives were updated with information about people's well-being. People and relatives could also make a complaint if they were not happy with the service.

The registered manager had systems in place for reviewing the quality of the service and addressing any identified shortfalls and making improvements. The management structure and the mission statement were clear and showed that the service was forward-looking with plans for the future.

## 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. Risk assessments were completed and staff knew the actions they would need take record and report incidence of abuse.

There were enough staff available to meet people's needs.

Staff supported people to take medicine when required.

### Is the service effective?

Good ●

The service was effective. Staff had received training and support in their roles. They understood the requirements of Mental Capacity Act 2005 and ensured that, wherever possible, people consented to their care.

People had access to healthcare professionals when they required them.

People were provided with sufficient amounts to eat and drink.

### Is the service caring?

Good ●

The service was caring. Staff understood people's needs and treated them with respect and kindness.

People could choose how to be supported and staff respected their individual needs and preferences.

Staff had good knowledge about people's needs which were detailed in their files.

### Is the service responsive?

Good ●

The service was responsive. People's care and support was based on their choices, needs and preferences. Care plans provided guidance for staff on how to meet people's needs.

The service had a complaints policy which explained the process and how people and relatives could make a complaint.

## Is the service well-led?

The service was well-led. The mission statement was clear and the service was well managed.

There were quality assurance systems in place to ensure feedback was sought and improvements were made to the quality of the service.

Good 

# Eastway Romford

## **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 15 June 2017 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 service.

During the inspection we spoke with one person who used the service and two relatives. We spoke with two care workers, a team leader, the registered manager and the nominated individual. We looked at three people's files which contained their care plans and risk assessments. We reviewed five staff files including their recruitment, training and supervision records. We also checked documents such as the minutes of various meetings and the policies and procedures of the service.

## Is the service safe?

### Our findings

People and their relatives told us the service provided safe care. One person said they felt "safe" using the service. We observed the person was relaxed when staff supported them to speak with us. The person told us the care staff were "good" and they were happy using the service. A relative said a person had been using the service for many years and they were "confident" the care and support provided was "safe". They told us that "if they thought it was not safe, they wouldn't have used it". Another relative said, the service was "absolutely safe" and they trusted the staff.

The service had carried out a risk assessment for each person before they went on the holidays. The risk assessments were detailed with information relating possible hazards, how these could affect the person and others, and guidance for staff about how to manage the risks. The registered manager told us that they had also visited the holiday site to check it was suitable for the people's needs. Information about travelling arrangements and what to do in cases of emergencies had been included in the assessments.

Staff knew the provider's adult safeguarding and whistleblowing policies. They knew the action they were recorded to take to record and report incidents or allegations of abuse. They told us that they would raise incidents of abuse to the registered manager, the local authority, the police or CQC. A member of staff described the various kinds of abuse that could take place and gave examples of how they ensured people were safe. They said, for example, they kept receipts and records of money people spent during the holiday. This showed that staff used a system for safe financial management.

There was a good medicine management system in place. Staff told us that they had contact details of GP's and that they ensured people had medicines enough for their holidays. People's files showed that staff had recorded and signed to confirm that they had administered or prompted people to take their medicines. One person told us they took their own medicines but staff had to remind or prompt them. All the staff we spoke with told us and records confirmed that they had attended training in medicine administration. We also noted from records and discussion with staff that they had experience and training in supporting people who had diabetes or epilepsy. Records showed also that staff had attended first aid training.

There were enough staff to meet people's needs. We noted that each person had a one-to-one support during the day and a waking night member of staff at night. Staff told us they worked collaboratively as a team ensuring that people were continuously supported with their needs. People and their relatives told us there were enough staff to provide care on the holidays. The registered manager explained that the provider had a pool of staff already known to people who were willing to support people on the holidays.

The provider had a recruitment process which required staff to complete application forms, undergo vetting processes and be confirmed to the posts after a probationary period. The files we checked showed that most of the staff were employed after successful interviews and providing two written references and police checks. However, we noted two staff had only one written references in their files. The registered manager told us that they had problems with some referees not sending them completing and returning the references to them. A few days after the inspection the provider reassured us that they had "now received

long awaited second references for [both members of staff] via email and telephone which confirm the information that we already hold and establishes the dates of their previous working experience". The provider also confirmed that they would ensure that staff would be employed only after two references were received in addition to the other checks done on them.

## Is the service effective?

### Our findings

People and their relatives told us the care workers met their needs and they were happy with the service provided. One person told us, "I like the staff. They helped me. I had a good time." A relative said, "Staff are really good. Staff know [the person's] needs. They try to assign staff who know [the person well]."

Staff had training opportunities to improve their knowledge and skills of providing care to people. Care workers told us they received the training and support they needed to provide effective care. A care worker told us that they had attended "lots of training relevant to my job" and said the list of their training included health and safety, first aid, medicine administration, epilepsy and adult safeguarding. Another care worker told us that they "get training all the time" and were happy working at the service. Staff told us that they had undergone an induction programme which included shadowing staff when they started work at the service. Staff files and the provider's training matrix confirmed that staff had completed training and refresher courses in various areas related to their roles.

Staff felt that they had appropriate support and supervision to do their job. One care staff told us that they were "happy working here" because they had "support" they needed and they also felt their job "is rewarding". Another member of staff gave an example of how the managers supported them "by being always available" and by "coming down [to the holiday site] on separate days to make sure everything was all right". Staff told us that they had supervision every six weeks or more often when required and were able to discuss their general tasks and development needs. They told us they worked well as a team. The staff files and the registered manager confirmed that supervision for the staff was taking place regularly. However, the registered manager told us that they were looking into the implications and ways of completing annual appraisals. They told us that the staff annual appraisals would be implemented this year.

Each member of staff received a handbook when they began their employment. This set out the terms and conditions of staff employment and the codes of practice, the service's mission statement, aims, principles, and how to ensure they kept themselves and people safe. Care staff told us that they had received and read a copy of the staff. This showed that staff were aware of their responsibilities and how the service operated. Staff also confirmed that they had read the service's various policies and procedures.

People's consent was sought before care was provided and the care workers were clear that people's wishes should be respected. One person told us care workers asked their consent when they provided care. They told us they could choose what they wanted to do, where they wanted to go for their activities and they could take their medicine by themselves. One care worker said that they asked people "for consent before we care". A relative also confirmed that staff did ask for consent and that they were "good". We noted that care plans had been signed by people or their representatives to give staff permission to provide care and support.

Care workers understood their responsibilities under the Mental Capacity Act 2005 (MCA) and what this meant in ways that they provided care. They told us that they attended training in MCA and confirmed that



they would recognise if a person's capacity deteriorated and that they would discuss this with their manager. The 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 and saw that there were documents which detailed people's capacity assessments.

People were supported to have sufficient amounts to eat and drink and had their nutritional needs met by care workers. One person told us how they enjoyed their breakfast and other meals on their last holiday. They told us, "I chose my food. I went out. I ate at restaurants." A care worker said that each person had a menu whilst on holiday and they were also able to choose what was not in their plan. We were told that when people went to restaurants staff used an electronic gadget to show pictures of the meals offered on the menus so that people could choose what they preferred. We also noted that any allergies people had were clearly written in their care plans.

People's healthcare needs were met. Each person had a 'Hospital Passport' which staff took with them on the holidays. The hospital passport contained people's medical information and healthcare staff would effectively support to meet their needs. Care staff also had GP and emergency contact numbers should people needed medical care.

## Is the service caring?

### Our findings

People and their relatives told us that care workers treated them with respect and kindness. One person said they liked the staff "[because they were] nice". A relative told us, "Staff are kind and friendly. [The person using the service] is very attached to the carers. When [the person] came back from the last holiday, [their] eyes were bright. [They] looked well."

People and their relatives confirmed that staff respected their privacy and dignity. Care workers understood the importance of respecting and promoting people's privacy and dignity. One care worker told us how they ensured people's individual needs and preferences were met. They said they always gave people choices and were guided by their wishes. Staff told us that they used different communication techniques so people could choose how to be supported. When providing personal care, staff told us they always made sure that people's privacy was respected whilst also making sure they were safe. We were told that staff knocked on the doors before entering rooms and closed doors when supporting people with personal care.

We observed people were very relaxed when communicating with care staff. Staff addressed people by their preferred name and we noted they knew the phrases and body language they needed to communicate with and meet people's needs. Staff had good understanding of people's care plans and risk assessments. They described the needs of the people they supported including their healthcare, social and emotional support needs.

People's care plans contained their support needs. Records showed and relatives confirmed that the care plans were developed with people and or their relatives' involvement. People's dietary preferences, medical, emotional, cultural and behavioural needs were included in the care plans to enable staff to provide appropriate care. Staff told us they had read the care plans and knew how to provide care that met people's needs.

The registered manager told us that the service wanted and ensured that staff understood people and treated them "with respect and dignity by providing personalised care". Relatives told us staff listened and contacted them to update them daily whilst people were away on holiday. They said staff used different tools such as emails and telephone to update relatives.

## Is the service responsive?

### Our findings

People and relatives told us the service was responsive to their needs for care, and support. One person said, "I had a good time [on the holiday]. [Staff are] good." One relative told us, "[Staff] do good things. They look after [my relative] well."

People's care plans contained details of their choices, preferences and what they wanted to do on the holidays. Care staff told us that they discussed and planned activities with each person before the holidays. They told and records showed that each person had their care and activities plan. People and staff confirmed they went out daily and did lots of activities during their holidays.

The registered manager told us the referral process. She said people were already known to the service through the day care. We were told that people who wanted the holiday service submitted their application and were assessed to see if their needs could be met. To do this, staff met with people and their relatives and developed a care plan that also detailed the cost of the holiday. The registered manager confirmed that the holiday service would take place only if there were suitable arrangements in place to meet people's needs.

People's records showed that initial assessments were carried for people before they started using the service. Relatives confirmed that they were involved in the assessments and care plans. One relative told us their involvement in the assessment of needs and care plans and said that they "filled in lots of forms about [the person's] routine and personal care". Another relative said the person using the service was happy with the care and activities provided that they would "go on another holiday". They told us the person was satisfied that they "when [they] back [their] eyes were bright".

People had care plans in their homes and a copy was held in the office. The care plans were personalised in that they reflected people's needs and how staff could meet them. Staff also kept daily records of their significant contacts with people including what people did, the care provided or any behavioural concerns. All the relatives we spoke with told us that staff communicated with them very well by regularly giving them information about the well-being of the people and the holidays.

The provider's complaints policy had an easy read version for people using the service. The registered manager told us that they encouraged people and their relatives to make a complaint and give feedback. They said they welcomed complaints and saw them as an opportunity to improve the service. All the relatives we spoke with told us that they knew how to make a complaint and were happy with the ways their queries were being handled. One relative told us that they "had no cause to complain" but they were "confident that [the registered manager] would respond straightaway [if they had a concern]".

## Is the service well-led?

### Our findings

Relatives were satisfied with the management of the service. One relative said, "The management is good. They are available, approachable and respond quickly if I ring them." Another relative told us that they were happy with the management "because [they are] very good, [they] regularly ring me". Staff told us they were well supported and felt happy with the management. They told us they could talk to the registered manager and were clear about the policies and procedures of the service.

The provider's management structure was clear with the managing director at the top and the care director being responsible for overseeing the provider's three locations. The registered manager, who was also responsible for managing the day care, had team leaders and care staff assisting her to organise the holidays. The registered manager told us, and we saw records, that management meetings, board meetings and strategic meetings took place periodically and as needed. This allowed the service to review and improve the service.

The directors' offices and the headquarters of the service were located within the same building complex which meant that the registered manager had easy access to senior managers. The registered manager also confirmed that she worked well with the provider and the directors. We were told that the service had a plan to develop the service to meet people's changing needs. The provider said, "Our work may increase in future as our carers get older [and need more support]. We allow families to do their day to day duties by ensuring clients are at the centre of our plans". This showed to us that the provider was developing the service in order to meet people's on-going needs.

Relatives told us they had been asked to give feedback about the quality of the service. One relative said they had completed quality survey questionnaires and attended 'carers' meetings' in which they shared their views about the quality of the service. Another relative told us that staff asked them in carers' meetings "if there is anything you want to discuss. I said [my relative] is happy and wants to go on another holiday".

The provider had a clear mission statement which outlined its mission, aims and principles in delivering personalised care in the community. The mission statement highlighted that the service worked to promote independence whilst ensuring people's privacy and dignity during the provision of care and support. Staff told us and records showed that they had received training on the provider's mission and values. We also noted that the mission statement was included in the staff handbook which staff confirmed receiving and when they started work at the service.

At the end of each holiday, staff organised de-briefing sessions to evaluate if the holidays met people's needs and to see if improvements could be made. Relatives confirmed attending the de-briefing sessions and receiving detailed feedback from staff regarding what went well and any challenges they had to manage. Relatives and staff told us the de-briefing sessions were useful for drawing lessons and making further improvements for future holidays.