

Russell Vance James

# Eastbank

## 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: Eastbank is located in Hereford, Herefordshire. The service provides accommodation and care for up to seven people with learning disabilities, physical disabilities and dementia. On the day of our inspection, there were seven people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy

People's experience of using this service:

- People enjoyed living at the home and were complimentary about staff and the way the home was managed.
- People, relatives and staff told us they saw the provider and registered manager regularly and found them approachable.
- Staff understood risks to people's safety and supported them to stay as safe as possible.
- There were enough staff to care for people at times people wanted assistance.
- People were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed.
- The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.
- Staff spoke very affectionately about the people they cared for. People were confident to request support and reassurance from staff when they wanted this, and staff took time to provide this in the ways people preferred.
- People told us staff respected their rights to make their own decisions about their lives and care. Where people needed support to make some decisions staff assisted them, using people's preferred ways of communicating.
- Staff had received training and developed the skills they needed to care for people, through induction and on-going training. People told us staff knew how to help them and knew what to do if they suspected anyone was at risk of harm.
- People had good access to other health and social care professionals and staff followed any advice given.
- 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.
- Staff ensured people had opportunities to do things which they enjoyed, and people were supported to keep in touch with others and religious practices that were important to them.
- The views of people, relatives and other health and social care professionals were considered when people's care was assessed, planned and reviewed, so people's needs continued to be met, and based on people's preferences.
- Procedures were in place to take any learning from complaints and to further improve people's care.
- People's wishes for their care at the end of their lives had been planned and the views of their relatives

considered.

- The registered manager and provider checked the quality of the care provided and encouraged suggestions from people and staff to improve people's care further.
- The registered manager kept up to date with best practice developments, so they could develop the care provided further.

Rating at last inspection

At our last inspection the overall rating of this provider was Good. The report was published on 19/10/2016.

Why we inspected: This was a planned inspection based on the ratings at the last comprehensive inspection. The rating has improved to Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return, as part of the inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 

# Eastbank

## 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was unannounced and was conducted by one inspector.

**Service and service type:** Eastbank provides accommodation and care for up to seven people with learning disabilities, physical disabilities and dementia. On the day of our inspection, there were seven people living at the home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

Inspection site visit activity started on and ended on 02 May 2019.

#### What we did:

We contacted the local authority before our inspection and asked them if they had any information to share with us about the care provided to people. We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We observed how staff supported people throughout the day. We spoke with two people who lived at the home, the provider, registered manager and two staff. We also spoke with two relatives, via the telephone. We looked at two records about people's care, which included risk assessments and healthcare information. We also looked at the medication administration records, quality assurance audits that were completed by the registered manager, two recruitment files and the complaints and comments had received.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and handovers between shifts were in place for staff to regularly communicate information about people's safety needs, and to promote people's safety.
- The registered manager and staff had received training and understood what action to take in the event of any concerns for people's safety.

Assessing risk, safety monitoring and management

- People told us staff helped them feel safe living at the home. Staff were knowledgeable and understood the risk assessments which included ways to help people stay safe if they chose to spend time in the community.
- Staff had assessed people's safety and well-being needs and considered when planning their care. For example, if people had increased risks in relation to food and the risk of choking. We saw staff had person specific guidelines to follow for example when using prescribed food thickening agents.
- When people's needs physical or well-being changed. People's wishes, and the views of other health and social care professionals were considered when people's safety plans were amended.

Staffing and recruitment

- The suitability of potential staff to care for people was checked prior to their employment. The registered manager also undertook regular checks on the continued suitability of staff to care for people, to provide on-going assurance.
- There were enough staff to care for people at times people wanted.

Using medicines safely

- People received their medicines from staff who had been trained to do this, and whose competency was regularly checked.
- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Checks were regularly made on the medicines administered, so the registered manager could be assured people were receiving their medicines as prescribed.

Preventing and controlling infection

- The home environment was clean and the registered manager was in the process of a redecoration programme.
- Staff confirmed equipment, such as aprons and gloves, were available for them to use, to reduce the likelihood of the spread of infections.

## Learning lessons when things go wrong

- The registered manager communicated to staff any information about incidents, so any learning could be taken, so risks to people were reduced.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to live at the home. One person told us, "I met with [provider's name] to talk about all the things I liked and didn't like. He knows what makes me happy."
- Staff gave us examples of how they supported people to be involved with on-going assessments of their care needs if anything changed, so people would continue to receive the care they wanted.
- The views of other health and social care professionals were also considered when people's needs were assessed so people continued to receive the most effective care possible..

Staff support: induction, training, skills and experience

- We saw staff knew how to support and care for people in a person-centred way. For example, staff understood how to help people when they became anxious to support people to feel better.
- Staff were positive about the training they had received and were confident additional training would be arranged when needed, to meet people's changing needs. One staff member gave us an example of how they had received training from a health professional, so staff were able to facilitate effective end of life care, to assist one person to continue to live at the home. This helped to ensure people were supported by staff with the skills and knowledge needed to care for them.
- New staff undertook an induction which included support from experienced staff. This practice enabled new staff to gain knowledge about people's care, so people consistently received support from staff who knew their care needs and preferences.

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

- People told us they enjoyed the food served at the home.
- Where required people were assisted to eat their meals safely. Staff understood how to use thickeners as prescribed, to help prevent people from choking.
- Some people enjoyed the independence of making their own drinks, and sometimes liked to help staff prepare meals.
- Staff regularly encouraged people to have enough to drink so they would remain well.

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

- People were supported to see health professionals, when they required.
- The staff team regularly liaised with health and social care professionals to achieve the best outcomes for people. One health care professional wrote to Care Quality Commission [CQC] following the inspection stated, "The care and consideration they[staff] showed the service member [person who lived at the home]

was above and beyond anything I have even in my past nine years of working within the NHS. I wish we encountered more Carers [staff] to their standard."

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

- The home environment and décor were looking tired. The provider told us they were in the process of a redecoration programme and had plans to make the home environment and garden look more attractive. The provider told us people living at the home were consulted over choices of colours and carpets.

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, we saw restrictions on people's liberty had been authorised and conditions on such authorisations were being met.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well cared for and that they liked the staff supporting them because staff supported them and ensured they were content. One person told us, "I like doing jobs around the home. [provider's name] likes me to help him. He keeps me busy."
- We saw when people expressed anxiety or were upset, staff understood how the person required reassurance. For example, one person had required reassurance after a period of anxiety and staff continually offered support to assist the person to feel better.
- Staff were able to explain confidently how each person required support and their individual needs were met. For example, staff understood relationships important to people and knew it was important to people to have contact and supported people to achieve this.

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

- Staff understood how each person required support to express their care needs. For example, where people had difficulty verbally communicating, visual prompts and gestures were used. A relative told us, "I'm really happy with the staff they are so kind. [Person's name] is very happy living there."
- Each person had a key worker that worked with each person and supported them to indicate how they felt about their care. People were encouraged to make day to day decisions such as where they chose to spend their time.

Respecting and promoting people's privacy, dignity and independence

- Staff understood people's individual support needs and how they required help to maintain their independence or about things that were important to them.
- Staff understood which people required space and time alone and ensured this was respected.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were very person centred and supported staff with guidance, so staff understood people's individual care requirements. In addition, staff met regularly with people and gained an understanding of what had and had not worked well for people and made changes where appropriate, so people continued to receive care which was centred around their specific needs.
- Staff supported people to do things they enjoyed and that interested them. People's activities were arranged based on individual choice. People were assisted to have an annual holiday if they wished.
- The provider and registered manager applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who live at the home can live as full a life as possible and achieve the best possible outcomes that include choice, promotion of independence and inclusion. People living with learning disabilities at Eastbank were supported to live as ordinary a life as any citizen.
- The provider identified people's information and communication needs by assessing each person's individual needs. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods.

Improving care quality in response to complaints or concerns

- People were given information of how to make a complaint. Although no complaints had been raised since our last inspection.

End of life care and support

- The registered manager had where appropriate held discussions with people and their families to plan people's end of life wishes where these had been expressed.
- Staff had received training and support from the local health professionals in end of life care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager ensured they knew and understood people's needs by regularly providing support and care for people, so felt they led by example.
- Staff told us that they too were encouraged by the registered manager to express their views and ideas for developing and improving the services provided. They said they felt the registered manager listened to them and respected their views.
- We saw that when any notifiable incidents had occurred they had been reported to the Care Quality Commission [CQC] as required.
- The provider had displayed their inspection ratings in the home as required.

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

- Staff were clear about their roles and responsibilities and they told us the team working was very good.
- Staff spoke positively about working at the home and felt they could approach the registered manager about any concerns both professionally and personally.  
medicines were administered as prescribed, and the environment at the home was safe and clean. Where actions were identified, these were undertaken, so people's needs would be met.
- The provider sent out annual quality survey questionnaires to people living at the home, relatives and professionals. We saw all the responses received were very complimentary. For example, a relative commented, one professional commented, "My [relative's name] has been living at Eastbank .....now his quality of life, emotional and mental health has improved so much since he lived there. I cannot thank the staff and management enough". A professional stated, "Eastbank, provide excellent care and support for all the people living there. Care is person centred and meets holistic needs. Staff team are dedicated and compassionate."