

EagleCrest Ventures Ltd

# EagleCrest

## Inspection report

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29 November 2019

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

EagleCrest is a domiciliary care service. The service is registered to provide care and support for older people and younger adults who may live with dementia or physical impairments.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection EagleCrest was providing personal care to two people.

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

At our previous inspection we found areas of improvement were required. This was in relation to people's being involved in shaping their care according to their wishes and overall governance. At this inspection we found that improvements had been made. Additional governance systems had been introduced to help improve the quality of care and support provided. We found these systems were in place, although some were still being embedded into daily practice.

People felt safe with the care provided to them. Risks associated with care and the environment were identified and assessed. There were enough staff to meet people's needs in a consistent and flexible way. Staff protected people from avoidable harm, were knowledgeable about safeguarding and felt able to raise concerns. Systems were in place to recruit staff safely. Staff administered people's medicines when needed and managed them in a safe manner.

Staff received support to enable them to carry out their roles effectively. New staff received an induction and shadowed the management team as part of this. Systems were in place to ensure information to support people was shared and discussed appropriately with health professionals, where necessary.

Consent to care was sought and staff understood people's rights to make their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring. They had built meaningful relationships with staff and felt they mattered and were listened to. Staff were aware of the importance of promoting people's dignity and maintaining their privacy.

People's needs were assessed before they began to use the service and care plans were developed from this information. Care plans overall, contained information for staff to support people according to their needs. People and their relative said they would be confident to raise concerns with the management team.

The provider had further developed governance systems which enabled them to have improved oversight of all aspects of the service, although some further development was required. People, their relatives and staff members spoke highly of the registered manager and told us that they were always available and supportive. People were involved in the service development and staff felt able to raise their own views and opinions.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 16 November 2018). At this inspection we some found improvements had been made.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

# EagleCrest

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider would be available to support the inspection. The announcement of the inspection was difficult due to commitments held by the registered manager, which delayed the commencement of inspection activity.

Inspection activity started on 13 November 2019 where we sought feedback from people who used the service. On 28 November 2019 we visited the office to speak with staff, the registered manager, review care records and information relating to the management of the service. Inspection activity ended on 29 November 2019 when we spoke with one person's relative.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person who used the service. We spoke with one person's relative about their experience of the care provided. We spoke with two members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People were supported by sufficient numbers of staff. Staff told us there were enough staff to meet people's needs and that short notice absence, such as sickness was well managed. One person's relative said, "The staffing has got much better over the last few months. [Person] has their regular carers that they like, they always turn up and don't rush or anything like that."
- The registered manager monitored staff attendance regularly and had systems in place to alert them if staff were late. This helped to minimise the likelihood of a call being missed.
- People were supported by staff who had been recruited through a robust process. This included all appropriate pre-employment checks, such as references and criminal records checks.
- Newly employed staff worked alongside experienced staff before starting work on their own. They were only able to work unsupervised when assessed as being competent.

### Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The persons relative we spoke with told us their relative was safe. They said, "[Person] moved here and it's been the best thing for them. The company they had before was awful, but here, the staff are brilliant and look after [Person] like a king. They are safer and has a quality of life like never before, so yes I do think [Person] is safe and well cared for."
- Risks to people's safety and well-being were assessed and measures put in place to mitigate the risks. These were regularly reviewed and changes were updated and shared with the staff team. We saw for example a person who was noted on assessment to have a wound. Staff referred to the GP and health professionals and worked proactively to help this wound to heal quickly.
- The registered manager ensured that people's homes were risk assessed to help ensure the safety of people and the staff providing their care. This was around areas such as safe access and ensuring sufficient space to use equipment. However, the registered manager also considered access and evacuation in the event of a fire.
- People told us they felt safe. One person said, "I feel safe, it's good quality care." Staff knew how to identify and report any concerns relating to the risk of abuse. One staff member told us they had reported one persons bruising to the registered manager as the person did not know how this was sustained.
- Although appropriate actions were taken and reviewed, and accidents and incidents were logged, the registered manager did not have a standard tool to report incidents and did not use a body map to document wounds or bruising. They implemented this during the inspection when we discussed this with them.
- However, since the previous inspection, no safeguarding concerns had been raised by any person using

the service, staff member or health professional.

#### Learning lessons when things go wrong

- The registered manager took appropriate measures to learn from things that went wrong and to share the outcome of this with the staff team. For example, we saw staff had found a person with marks to their limb. They were concerned this may be due to the limitations of space when providing personal care. This was discussed as a staff team and measures taken to prevent this possibly occurring again in the future. Staff and the registered manager discussed this persons reluctance and how to manage this positively.

#### Using medicines safely

- People's medicines were managed safely. Staff received appropriate training and were knowledgeable about medicines and how to manage them safely.
- Staff competency was regularly assessed to help ensure they continued to be sufficiently skilled.
- The registered manager had further strengthened their system of audits to help ensure people received their medicines safely.

#### Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. Staff told us they used personal protective equipment properly and practice around infection control processes were assessed by the registered manager at spot checks.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before care delivery started the provider undertook assessments to establish if people's needs could be fully met by EagleCrest.
- Care plans were then developed from these assessments which provided clear guidance to staff on how to meet those needs. Care was reviewed as people's needs changed which helped to ensure that people's needs were appropriately assessed and care appropriately provided.
- As a qualified health professional, the registered manager maintained their own professional knowledge and best practise. This helped to ensure care provided met recognised standards and guidance.

Staff support: induction, training, skills and experience

- People felt staff were sufficiently trained and supported to provide care to them. One person said, "Staff are good, they know what they are doing, I think they are trained well." Staff received training and support to enable them to carry out their roles effectively in areas such as safeguarding vulnerable adults, moving and handling and infection control. Additional training was planned in areas such as end of life care and dementia care.
- Staff told us they felt supported by the registered manager and that they received regular appraisal and supervision of their performance. One staff member said, "I always want to learn more and more, not every client is the same, and the [registered] manager is always looking at training for us. Supervision looks at how we work, the [registered] manager talks to the client, looks at the records, and then after we sit down and talk about how things are. Supervision is good, I feel the support from the [registered] manager."
- Staff competency was assessed by a senior staff member to help ensure staff were skilled and competent to deliver safe and effective care.

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

- People told us staff prepared simple meals for them as needed and encouraged people to take fluids to maintain their health and wellbeing.
- Where staff prepared people's meals, they were aware of people's likes, dislikes and allergies. Staff were aware of people's specific cultural needs in relation to meal preparation, and supported people to make healthy choices.
- Allergies were clearly recorded and staff were aware of these. Where a health professional had reviewed a person in relation to their eating and drinking, staff followed this guidance. For example, when using thickener in people's fluids.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People and relatives told us staff knew people well and were able to promptly identify when people's needs changed and sought professional advice appropriately.
- People had access to health professionals and staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed. One person said, "If I need a GP they get one, or would do for anything I need."
- Staff and management worked in partnership with health and social care organisations where appropriate sharing information about people to ensure that the care and support provided was effective.

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. We checked whether the service was working within the principles of the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People who used the service at this time had the capacity to make decisions about their care needs and wishes. The provider reported they worked closely with local authority commissioning teams to access support if people's capacity changed.
- People told us staff asked for their consent before they delivered any aspects of care.
- The registered manager however had assessed both people's capacity as part of the assessment process. The MCA 2005 requires that people are deemed to have capacity and this approach did not support this principal. The registered manager acknowledged this and told us their approach would be reviewed to only assess capacity when they considered a person may lack this.
- No person was deprived of their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's relatives and recent feedback about the service demonstrated that the staff team were kind and caring. A relative said, "The staff are brilliant. [Person] can be quite intimidating to the staff at times, but they respect his views, respect his choices and treat them equally regardless of that. Culturally they know what [Person] wants and never judge or comment on how [Person] chooses to live their life, they just let them get on with things, keeping them safe and well supported."
- People received consistent care and support from a small team of staff. This ensured people received care from a team who knew them well and supported them in a manner they liked. People's feedback demonstrated they felt well cared for and well treated in an equal manner that reflected their diverse needs.

Respecting and promoting people's privacy, dignity and independence . Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in developing their care plans and were able to make decisions on a daily basis about the level of care they needed. One staff member said, "[Person] can be hard to help sometimes, they feel they are still independent and can do most things. They get frustrated when they find it hard, so we just encourage them and are there to do things once they have tried themselves. Some days are easier than others but we must always help them keep independent."
- Where people struggled to be involved in decisions about their care or did not wish to be involved their relatives, next of kin and / or health and social care professionals were included. This helped to ensure the care and support the person received was appropriate for their individual needs.
- Peoples dignity and privacy was promoted and staff had a good understanding of how ensure this was met. A relative told us, "I have been there when the carers have been around and they are the best I have seen over the years. [Person] is comfortable around them and they are sensitive to [Persons] dignity."
- The registered manager supported people to access advocacy if they needed additional support with decision making.
- People's records were held securely to help promote confidentiality.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we had found that care plans had not been sufficiently detailed to enable staff to provide people with consistent care and support. At this inspection we found improvements had been made. Care plans detailed people's care needs, preferences, likes and dislikes with clear guidance for staff to follow.
- People's care plans were regularly reviewed to help ensure they continued to accurately reflect people's needs. Care planning is focused on the person's whole life, including their goals, skills, abilities and how they prefer to manage their health.
- People and relatives confirmed they received care and support as they wished and that they had been involved with developing their care plans and subsequent reviews. One person said, "I feel involved with things. I am part of my care and make my own mind up."

Supporting people to develop and maintain relationships to avoid social isolation

- People told us staff were friendly, caring and helped them to avoid isolation. One relative said, "The staff have made a big difference to how [Person] keeps in touch with us and other friends."
- Staff helped to support people to maintain relationships that mattered to them, such as family, community and other social links. Although staff mostly supported people with a number of calls during the day and night, they told us it was important to keep people engaged and interested in previous hobbies and interests. Staff spent time with people looking at books, watching television, talking and reminiscing to keep people in touch with things important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with people to understand their wishes and preferences. For example, observing body language and facial expressions, using items of reference or speaking clearly and using notes or other assistive methods.
- The registered manager was aware of the accessible information standard and ensured they assessed this as part of a person's package of care. If information was required in an alternative format the registered manager was able to access this.

#### Improving care quality in response to complaints or concerns

- People told us they were confident in raising complaints with the registered manager. One person said, "I can complain to the manager. I have the number if I want it, but have not needed to make a complaint."
- A policy and procedure was in place that directed people how to raise a complaint. People were also signposted to external organisations who could support with a complaint if required.
- One complaint had been raised in the previous 12 months. This had been documented, investigated and the outcome shared with staff. The outcome of the complaint had been communicated with the person raising the concern, and the nature of the complaint improved practise. However, the registered manager had not recorded the outcome in a letter format as required to the person raising the complaint.

#### End of life care and support

- The service had cared for people whose health deteriorated and required care as they approached end of life. We saw staff began discussions with people about their end of life wishes at the earliest opportunity to ensure the care they provided was appropriate and met their wishes.
- The registered manager as a nurse had completed end of life training and was in the process of organising further training for their staff.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider had not operated effective quality assurance and auditing systems or processes. They had not maintained accurate, complete and detailed records in respect of each person using the service.

- Since the last inspection the registered manager had further established governance systems which enabled them to have improved oversight of quality and safety of care provided. This included reviewing care plans to contain personalised information, and ensuring people were involved in developing their care. However, further development of recording wounds, bruising and formalising the process to report incidents required further development. Also, although people's care was regularly reviewed and we saw the positive actions arising to keep people safe, care records when reviewed merely stated 'No change,' which did not evidence what had been reviewed in relation to people's changing needs.
- At the last inspection we asked the registered manager to review the process for completing MCA assessments to ensure compliance with the MCA principles. No person was considered to lack capacity so we were unable to ascertain how effective their approach was to providing care in people's best interest.
- The registered manager had developed systems to identify shortfalls and learn lessons from any mistakes, complaints or areas of concern. However, this was not embedded within day to day management of the service and required further improvement.
- Although these area did not adversely impact people's care, this meant that the well-led section of this report must be limited to 'requires improvement'.
- Management and staff understood their roles and responsibilities and knew where to go for support or guidance if they needed to.

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

- People, relatives and staff said the registered manager was committed to providing a high standard of care to the people they supported and their relatives.
- People, their relatives and staff members spoke highly of the management and told us that they were always available and supportive. One staff member said, "They are a good [registered] manager. They help a lot, and provides good care to people, I like that they are part of the team." One person said, "I see the manager a lot. They always check up that things are good. They are a good manager, friendly and hard working."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.
- We saw where incidents had occurred, the registered manager took accountability and discussed and reviewed this with the person and their relatives. The sought to understand what had occurred and how they could review practise. The registered manager was open, transparent and ensured the acknowledged these with an apology first and foremost.

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

- People were involved in the service development and their views were sought to enable a safe and effective service that met people's needs to be provided.
- People, relatives and staff were encouraged to share their views and to make suggestions through the 'EagleCrest friends and family test,' to further develop the service. Feedback was seen that demonstrated people were happy with the care provided to them.
- The registered manager told us that as part of their service development they would be sharing a service development plan with people, relatives and staff. This would enable them to remain accountable for improvements, whilst also seeking feedback about the running of the service in a transparent manner.
- Team meeting minutes showed that communication between staff and the management team was open and staff could raise their own concerns. For example, staff raised with the registered manager the need to have a 'Pool' driver as not all staff had access to a car. The registered manager listened and arranged for a vehicle to transport staff to attend calls. However, a standard agenda was not in place to ensure actions arising were reviewed and that regular important topics were discussed. For example, incidents, safeguarding, staffing and quality assurance.

Continuous learning and improving care

- The provider used information gathered from quality monitoring and feedback to improve the quality of care people received.
- The registered manager maintained their own professional registration, and also kept their own knowledge around management of the service up to date. They shared this information with staff to enable staff to develop their knowledge and awareness.

Working in partnership with others

- The management and staff team worked in partnership to help ensure people received the relevant support from other agencies as required; such as the local authority and community health care professionals.