Eothen Homes Limited

Eothen Residential Homes - Gosforth

Inspection report

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Date of inspection visit:
26 April 2017
27 April 2017

Date of publication:
09 June 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

Eothen Residential Homes – Gosforth is a care home without nursing that provides care and support for up to 37 older people. At the time of the inspection there were 36 people living at the home.

The service was last inspected in October 2015 when we had followed up on a breach of legal requirements relating to record-keeping. Prior to this we had carried out a comprehensive inspection in March 2015 and rated the service as 'Good'. At this inspection we found the service remained 'Good' and met each of the fundamental standards we inspected.

We found that people were safely cared for in a clean and comfortable environment. Measures were taken to identify and prevent risks to personal safety. The service had established processes for protecting people from harm and responding to any safeguarding concerns.

New staff were suitably vetted and enough staff were employed to provide people with safe and consistent support. Staff were trained and supported in their roles, equipping them to meet people's needs effectively.

People were given appropriate support in maintaining their health and taking their prescribed medicines. A varied diet with choices of meals was offered and, where necessary, people were assisted with their eating and drinking needs.

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 practice.

The staff were caring in their approach and promoted privacy and dignity. Good relationships had been formed and staff understood people's individual needs and preferences. People and their representatives were involved in decisions about the care provided. Their feedback about the service was sought and any complaints received were taken seriously and responded to.

Assessments and care plans continued to be kept up to date, ensuring staff had written guidance about the care each person currently required. People were able to take part in a range of activities and access the community to support them in meeting their social needs.

The new manager promoted an inclusive culture and provided leadership to the staff team. Systems were in place to monitor the quality of the service and check that people were satisfied with the care and support they received.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service was responsive.

Improvements in record-keeping had been sustained. Up to date information was readily available to guide staff about the care people needed.

Is the service well-led?

Good

The service remains good.

Eothen Residential Homes - Gosforth

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on 26 and 27 April 2017. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider had 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. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted commissioners of the service.

During the inspection we talked with 12 people living at the home, two relatives, the operations manager, the acting manager, and 14 care and ancillary staff. We reviewed three people's care records, staff training and recruitment records, and other records related to the management of the service.

Good

Is the service safe?

Our findings

The people we talked with felt safe and comfortable at the home and with the staff who supported them. They told us, "I feel very safe because of the lovely environment and the staff are very good here, really careful about who gets in. There is an alarm system and I can also pull my cord in the room if I need any help", "I am very safe as there are always people around if I need them" and "It's very secure here. There's never been any reason not to feel safe". Relatives confirmed their family members were safe. A relative said, "It is a great comfort to know they are well cared for and in a safe place."

Safeguarding was routinely discussed during care reviews and resident meetings, promoting people's understanding of their rights to be protected from abuse. Staff had been informed about and had access to the provider's safeguarding and whistleblowing (exposing poor practice) procedures. A 'duty of candour' policy had also been introduced that was being disseminated to the staff team. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong.

All staff had received safeguarding training, giving them knowledge of how to recognise, prevent and report abuse. The manager understood their safeguarding responsibilities and had taken appropriate action in response to an allegation that had been made in recent months. There were systems for the safekeeping of personal finances and regular audits to make sure people's money was being handled safely.

Care records showed risks associated with people's care had been assessed and were kept under review. Measures to reduce risks were built into care plans, advising staff about how to safely support people with, for example, moving and handling and difficulties in swallowing food. Accidents and incidents were reported and analysed to check for any health and safety issues or trends. Action was taken following accidents, including updating risk management strategies and obtaining aids and equipment to help keep people safe from harm. The home was clean, well-maintained and suitably equipped to meet people's needs.

Records showed new staff were checked and vetted to ensure their suitability before they started working at the home. We observed there were enough staff to safely meet people's needs and support the running of the home, including staff responsible for catering, housekeeping and maintenance. Staffing was based on people's dependency levels and reviewed each month. Relief care assistants were employed to cover absence and the use of external agency staff was being reduced as vacant posts were filled. The manager and team leaders operated an on-call system that enabled staff to get advice out of hours or to escalate any emergencies.

People told us they were given appropriate support in taking their medicines and received them at the times they needed them. Team leaders, who were trained and had their competency assessed, ordered and administered medicines. Care plans provided written guidance to staff about each person's medicines regime, including protocols for giving medicines prescribed on an 'as required' basis. Medicines were held securely and administration records supported that medicines taken orally were given safely. The accurate

completion of separate records for topical medicines (applied to the skin) had been reinforced with staff and was being monitored. Thorough auditing also routinely took place to check people's medicines were safely handled.

Good

Is the service effective?

Our findings

New staff were provided with induction training to prepare them for their roles. This included undertaking the 'Care Certificate', a standardised approach to training for new staff working in health and social care. Thereafter, all staff received practical and e-learning training that was refreshed on either an annual or three yearly basis, such as moving and handling and first aid. Training in equality and diversity was given to help staff recognise the importance of treating people as unique individuals with diverse needs.

There were opportunities for staff to gain care qualifications and 11 staff to date had achieved nationally recognised vocational qualifications. Staff told us they had been trained in safe systems of work and completed training in other topics, such as dementia, that helped them to support people's needs. One staff member said, "We get good training, with regular updates." A person living at the home commented, "The staff are very pleasant and well trained."

There was a delegated system for providing staff with at least four individual supervisions each year and an annual appraisal. Care staff we talked with confirmed this and felt the arrangements were beneficial in supporting their personal development.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA).The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service worked within the principles of the MCA and trained staff in the MCA and DoLS to help them understand the implications for their practice. Care was given with consent and we observed staff asked people's permission before providing support. Formal processes had been followed to have DoLS authorised for some people living at the home to enable them to receive the care and treatment they required.

People's nutritional needs and risks were assessed and care planned, including professional advice from dietitians and speech and language therapists. Weights were regularly checked and, if necessary, food and fluid intake was monitored. We observed staff supported people with their eating and drinking needs, including cutting up food and giving encouragement. For example, during lunch we heard staff say, "Are you enjoying that?" and "Would you like some more juice?"

A varied menu was in place and people told us they enjoyed their meals. Their comments included, "The food is excellent; not a single complaint from me. If I don't like something the chef is very accommodating and will make me something else", "The food is nice, I cannot fault it" and "There's plenty to eat and you get a choice. I enjoy my food". Hot and cold drinks were served during meals and with snacks in between meals. Jugs of water or squash were also made available in bedrooms, which were replenished throughout the day, to encourage people to have good hydration.

People were supported to access a range of health care services, including a weekly visit from a local GP practice and input from district nurses. Medical history information had been obtained and care plans

addressed people's physical and psychological welfare. Contact with external professionals was documented and relayed to staff, ensuring they were familiar with people's current health conditions and any changes in treatment.

Good

Is the service caring?

Our findings

People living at the home spoke fondly of the staff who provided their care and support, describing them as being very kind and caring. Other comments included, "The staff are just excellent, they really are. I am lucky", "They are all lovely", "The staff here are just splendid, caring and always nice" and "The staff are marvellous".

The staff we talked with knew people well and the ways they preferred to be supported. We saw routines were flexible and people chose where and how they wished to spend their time. People told us the choices they made about their support were readily accommodated. These included the times they got up and went to bed, male or female staff to assist with their personal care, and how often they wished to bathe or shower. One person commented, "I like to stay up late sometimes, it's never a problem."

There was a relaxed and welcoming atmosphere and we received a number of comments about the sense of community in the home. For instance, a relative said, "The staff are not staff, they are like family and friends" and a staff member told us, "It is like a family here really, we all get along and the residents are lovely".

Our observations confirmed that staff were polite and respectful in their approach when engaging with people. One person told us, "The staff are fabulous, they have good manners and are always kind." We observed that, wherever possible, staff encouraged people to be independent. For example, when people walked at a slower pace or used mobility aids we heard staff saying, "That's it, you are doing great" and "Almost there, well done".

We saw staff were mindful of privacy and dignity, knocked on doors and checked with the person before entering their bedroom. We heard staff say, "Hi [name], can I come in? Are you decent?", and where the door was open, "I am just going to close the door there, is that okay?" We noted however during lunch that staff interrupted some people whilst eating to give them their medicines. We brought this to the attention of the management and were give assurance this practice would cease. The home was signed up to the dignity in care challenge, held an annual event to celebrate, and the manager was a 'dignity champion' for the service. They told us different aspects of dignity were being added to staff meeting agendas and considered as a theme within staff supervision to promote best practice.

A good level of information was provided and displayed to keep people informed about what was happening in the home. This included a monthly newsletter, the social activities programme and menus. The operations manager told us a new 'welcome pack' was being devised to give people a range of information about what they could expect from using the service.

There were systems for people to give their views about their care and the service in general. Monthly 'resident meetings' were held, satisfaction surveys were undertaken and people and their relatives took part in care reviews. People we talked with confirmed they were involved in making decisions about their care. Where needed, relatives represented the views of their family members or access to advocacy services could be arranged. A commissioner of the service told us that feedback from all of the people they had spoken

with during a recent visit to the home had been positive.

Good

Is the service responsive?

Our findings

People described the staff as being responsive to their needs. They told us, "The staff here are nice and attentive" and "They are most helpful". We observed staff answered the call system in a timely way, attending to people when they summoned assistance. The manager explained staff were deployed to supervise in communal areas and make regular checks on people who spent time in their rooms. They said there was also capacity to increase staffing levels when necessary in order to meet people's changing needs.

At our last inspection we found action had been taken to make improvements to care plans, ensuring they reflected people's current needs and risks. The records we examined during this inspection showed staff continued to periodically update assessments and evaluate the effectiveness of care plans. The care plans addressed all identified needs, the person's routines, and guided staff on the extent of care and support they needed to provide. Information was also drawn up which made staff aware of the individual's background, what was important to them and how they wished to be supported.

There was evidence that care plans were adapted or rewritten to take account of changes in people's health or well-being. Reviews of each person's care, involving the person and their representatives, took place annually or with greater frequency, depending upon the complexity of the person's needs. Further assessments had also been carried out by other health and social care professionals when people's needs could no longer be met at the home.

The service employed two activities co-ordinators who arranged a weekly programme of in-house activities and events that was displayed and given to people. The current programme included hairdressing, exercises with a physiotherapist, hand massage, films, music and bible study. Religious services and Holy Communion were held in the home for those people who wished to attend.

People said they liked the activities offered, chose which ones they wanted to participate in, or occupied their time with their own interests. They told us, "The staff do their best and I join in for some things", "I enjoy lots of the activities" and "I don't really attend much, I like my own time". People also commented positively on the pleasant outlook of the home and the well-maintained grounds. One person said, "The garden here is beautiful, very peaceful, especially in the summer. The gardener is fabulous."

People were encouraged to keep in contact with their families and friends. We observed visitors were welcomed and staff told us people had personal telephone lines and access to wireless internet. Inclusion within the local community was facilitated and the manager said people made good use of amenities such as shops, cafes, library and churches. Regular trips out were also organised. During our visit some people went on an outing to Tynemouth where they told us they had enjoyed a lunch of fish and chips.

People were confident about making a complaint if they ever had a problem and said they would speak with the manager or staff. Their comments included, "I have no complaints here, but I would see to something if I wasn't happy and "I'd feel comfortable to complain if I needed to". Complaints made over the past year had

been thoroughly investigated and responded to.

Good

Is the service well-led?

Our findings

At the time of our inspection, the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

In March 2017 the provider had notified the CQC about the registered manager leaving and the arrangements for running the home. They had subsequently appointed a manager who told us they were applying for registration. An application was also submitted following the inspection to update the service's registration details, reflecting that some people with dementia were cared for at the home. The operations manager advised this related only to the care of existing people using the service whose needs could be met effectively.

The provider had displayed the CQC's rating of the service in the home and on their website, as required, following the publication of the last inspection report. The manager had continued to keep the CQC notified of events or changes affecting the service.

People and relatives told us they felt the home was well-managed. Their comments included, "The staff work well, they all just seem to fit in together. I give them top marks", "The manager seems nice. They have an open-door policy", "I am happy with the staff here and the manager. My [family member] is in a great place and well looked after. I feel they do a great job running things" and "The manager and staff are brilliant. I couldn't think of single thing I would change".

Staff told us they received good support in fulfilling their roles and many commented on improved morale since the appointment of the new manager. They told us, "There's good team work and a nice, settled atmosphere. The manager is very approachable and supportive" and "I just love it here, everyone gets along". Regular meetings were held with all grades of staff to discuss their responsibilities and care and employment related issues. The CQC standards of quality and safety had been shared with staff and the manager was meeting with team leaders after the inspection to review the findings. There was evidence of reflective practice, for example learning from complaints and what could have been done better. A survey had also been conducted in 2016 to get staff's opinions about their employment conditions, training, support, communication and job satisfaction.

Various methods were used to assess and improve standards at the home, including internal audits and monthly quality assurance visits by the operations manager. The manager received an action plan following these visits, highlighting any improvements which needed to be implemented. People living at the home had rated the service highly in the most recent survey carried out, with an overall satisfaction score of 90%.

A relative support group had not proven to be successful, so some relatives now attended the monthly 'resident meeting'. People confirmed the meetings provided an open forum where they could express their

views. They told us, "We get to discuss anything we wish at the meeting and the manager does listen to us" and "I always go to the meetings. I feel we are listened to and they keep us updated if there is anything we need to know". We received some comments about people and relatives having difficulties in identifying staff following a change in practice whereby staff did not wear uniforms or name badges. The manager told us they would consult people about this and that staff profiles were kept in the reception area to refer to.

The manager and operations manager told us about developments they had planned for the service over the coming months. These included reviewing team leader roles, introducing senior care assistants, providing training on record-keeping standards and rolling out the 'butterfly' approach (a model of caring for people with dementia). There were also plans to further enhance the environment and introduce observations of people's care experiences as part of the quality assurance system.