Community Integrated Care

Eachstep Blackley

Inspection report

198 Charlestown Road
Blackley
Manchester
Greater Manchester
M9 7ED

Tel: 01617956641
Website: www.each-step.co.uk

Date of inspection visit:
12 April 2017
13 April 2017

Date of publication:
30 May 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?	Outstanding ☆

Summary of findings

Overall summary

Eachstep Blackley is a purpose built care home in Manchester. It provides 24 hour residential and nursing care for 60 people principally with dementia related conditions. It is also registered to provide home care across Greater Manchester, supporting people with dementia to continue to live independently in their own homes, although this part of the service is not currently operational. The home opened in July 2012 and is run by Community Integrated Care, which is a charity. On the day of the inspection 59 people were accommodated at the home. The home is divided into five households of 12 people, each having their own facilities. Each household has access to an outside balcony and there are gardens suitable for people who have a dementia.

The service had a registered manager in place as required under the conditions of their registration with CQC. 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. The registered manager had been in post since June 2012.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

The home was clean and tidy. The environment was maintained at a good level and homely in character. We saw there was a maintenance person to repair any faulty items of equipment.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

We saw that where people had behaviours that may challenge others staff had the skills to safely diver their attention.

We saw staff were kind and patient with the people they cared for and sat and talked to them.

There were many opportunities for people and their families to attend activities. The activities included sessions provided by experts to help care for people with dementia.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

People were given information on how to complain with the details of other organisations if they wished to go outside of the service.

Staff and people who used the service all told us managers were approachable and supportive.

Meetings with staff gave them the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

The service asked people who used the service, family members and professionals for their views and responded to them to help improve the service. Their views were obtained in meetings, forums and surveys.

The service liaised well with other organisations and took part in research to help improve the lives of people who had a dementia.

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.

Policies, procedures and staff training ensured the administration of medicines was safe.

Staff were recruited robustly to ensure they were suitable to work with vulnerable adults.

Safeguarding policies and procedures helped protect people from possible abuse.

Is the service effective?

Good

The service was effective.

Staff received the induction, training and supervision required to enable them to support people effectively.

Staff understood the principles of the Mental Capacity Act (2005). Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service.

People who used the service were given a nutritious diet.

The environment provided people who used the service with opportunities to relax and attend therapies if they wished.

Is the service caring?

Good

The service was caring.

We observed staff attending to people's social and personal care needs in a professional and friendly manner.

People who used the service and relatives told us staff were kind.

People were supported to be as independent as possible.

Records were maintained confidentially to help maintain people's privacy.

Is the service responsive?

Good

The service were responsive.

People and their families were able to attend activities if they wished. The activities included alternative therapies.

Plans of care were individualised to each person, were regularly reviewed and gave staff sufficient details to meet their needs.

People had access to a complaints procedure and we saw from past records any concerns were investigated and any action taken to remedy them.

Is the service well-led?

Outstanding ☆

The service was very well-led.

There were systems in place to ensure incidents and accidents were recorded and analysed to minimise the risk of reoccurrence. Incidents were notified to the Care Quality Commission as required.

The service audited their systems and asked people what they thought about the service to maintain and improve standards.

Staff and relatives told us the managers were supportive and they worked well as a team.

Eachstep Blackley

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 under the Care Act 2014.

This inspection took place on 12 and 13 April 2017. The first day of the inspection was unannounced. We told the provider we would be returning on the following day to continue to review the care people received in the service. The inspection was brought forward because we had received a complaint that there was a shortage of staff at the service.

On the first day of the inspection the inspection team consisted of two adult social care inspectors and an expert-by-experience. The second day of the inspection was carried out by one social care inspector.

Before the inspection we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority safeguarding and quality assurance teams who did not have any concerns.

During the inspection we spoke with six people who used the service across all five households and four visiting relatives. We also spoke with a total of seven staff employed in the service. The staff we spoke with were the registered manager, the assistant services manager, a registered nurse, a senior support worker and three support workers. We also spoke with a visiting health professional and a volunteer.

We looked at the care records for four people who used the service and ten medicines administration records (MAR). In addition we looked at a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

Good

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe. People who used the service told us, "It is safe here", "I feel very safe", "Nobody bothers me at all" and "I am as safe as I can be." Relatives said, "I am confident when I am away from home my relative will be safe and well looked after" and "We felt our relative was safe here."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. There was information in each lift which reminded staff of their responsibilities to safeguard people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations.

We spoke with staff about safeguarding issues and their responsibilities in reporting poor or abusive practice. Staff members said, "I am aware of safeguarding issues and what to report. I would report anything I saw was wrong", "I know what the whistle blowing policy is. If I saw poor practice I would report. If it was a manager I would go more senior or to the local authority", "It is part of the job to make sure people are safe. I would have no hesitation in using the safeguarding or whistle blowing policy" and "I am aware of the whistle blowing policy and have used the policy once about an agency nurse. She was removed from the building. The managers acted straight away. I would go to more senior managers if they did not take action." Staff were prepared to act to protect people from possible abuse.

We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), the lift, slings, hoists, the nurse call and fire alarm systems. The maintenance person also checked windows had restricted openings to prevent falls and the hot water outlets were checked to ensure they were within safe temperature limits. We noted radiators were a type that could not burn people. We saw that staff entered any faults in a booklet which was signed off when any work had been completed. The maintenance of the building and equipment helped protect the health and welfare of people who used the service and staff.

There was a fire risk assessment for the building, which was undertaken by a competent person to show any areas that may need attention. However, the building is relatively new and we did not find any recommendations. Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. This included emergency lighting. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. This was colour coded to show which people would need the most assistance in an emergency. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure, disruption of supplies or events such as adverse weather.

There were security cameras at entrances which were monitored from all four households to ensure the security of all people in the building and keypad locks on doors to help protect people and the dementia friendly garden was secure.

We looked at four staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that checks were undertaken on qualified nursing staff to ensure they remained registered with their professional body, the Nursing and Midwifery Council.

We had received information that the service was sometimes short of staff. On the day of the inspection the staff management team consisted of the registered manager, assistant service manager and an administrator based on reception to greet people and deal with financial affairs. On the nursing households there was one nurse per household and five support staff between the two households. Another three care staff were engaged in one to one care. On the three residential households there were two senior care staff and five support workers. There were also three housekeepers, a person who worked in the laundry, the kitchen manager, two catering co-ordinators and a maintenance person. The service were also advertising for an activities co-ordinator. A person was employed part time to keep the gardens tidy. The registered manager said they had a list of contractors to call on for more extensive work to the building. We looked at the off duty rosters for three weeks and saw this was normal staffing for the service. Where we saw gaps in the night staff nursing rota we saw this had been covered using a bank nurse or a member of the day staff nursing team had covered the shift.

We contacted the contracts manager of the local authority who told us, "Since October 2016 we have undertaken a full inspection and been back for two spot checks. We have not found any issues including the service being short of staff." We also spoke to staff about what they thought of staffing numbers. They said, "There are enough staff to ensure people's needs are met and they are not neglected. It would be nice to have a bit more time to pamper them. Sometimes when people are poorly we are run a bit ragged", I think there are enough staff here to meet people's needs but we could have more time to talk to people, especially in the mornings we are busy. The new activities coordinator will improve that", "If you manage your time you can spend it well with people. I think there are enough staff here to meet people's needs. Sometimes we need more staff in the morning" and "There are enough staff here. Nobody gets neglected. I think there are enough staff normally but you cannot staff for emergencies." A relative told us, "There are enough staff that we know of and have found here." We spoke with the registered manager and she said she would look at staffing levels for when people were on end of life care. Overall we found staffing levels were sufficient to meet people's needs.

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. There was also a copy of the NICE guidelines for staff to follow best practice. All staff who supported people to take their medicines had been trained to do so and had their competency checked by the registered manager to ensure they continued to administer medicines safely.

We looked at ten medicines administration records (MARs) and found they had been completed accurately.

There was a system to record when a medicine was not given or refused. We found all the MAR charts contained photographs of each individual and a record of any known allergies; this reduces the risk of medicines being given to the wrong person or to someone with an allergy and is in line with current guidance. There was a staff signature list to identify who was administering the medicines and medicines were audited regularly. The pharmacist also audited the system and provided the home with information as required.

There was a system for ordering and storing medicines. When medicines entered the home they were booked in by a member of the pharmacy staff and a staff member from the home. The assistant services manager said this helped to eliminate any mistakes because the pharmacy could respond straight away to any errors. Medicines were stored in a lockable facility in each person's bedroom which reduced the risk of giving people the wrong medicine. There was a thermometer in each room and after discussion with the assistant services manager it was discussed to record the temperatures to ensure medicines were stored within the manufacturer's guidelines. For any surplus medicines held in dedicated locked rooms the temperature of the room was recorded daily. There was also a dedicated fridge to keep medicines cool. We saw that the temperatures of the fridge were recorded daily and within recommended limits.

There was a controlled drug cupboard and register. We checked the drugs against the number recorded in the register and found they were accurate. Controlled drugs were also recorded in the MAR as per the guidelines.

Staff had access to patient information safety leaflets for medicines or a copy of the British National Formulary to check for information such as side effects.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors. Any medicines that required returning to pharmacy were done so in a tamper proof box and staff signed to say they had witnessed the disposal. We were told there were no people who used the service on any anticipatory medicines.

Any medicines that had a used by date had been signed and dated by the carer who had first used it to ensure staff were aware if it was going out of date. There was a signature list of all staff who gave medicines for management to help audit any errors. We saw that topical medicines such as ointments were recorded in the plans of care. We saw that the pharmacist gave clear instruction on how and where to apply any topical medicines.

We saw that all rooms or cupboards that contained chemicals, cleaning agents or fire warning notices were locked for the safety of people who used the service.

We looked at four plans of care during the inspection. We saw people had risk assessments for falls, the prevention of pressure sores, mental capacity, nutrition and moving and handling. Where a risk was identified the relevant professional would be contacted for advice and support, for example a speech and language therapist (SALT). A SALT was visiting on the day of the inspection and told us, "This service is very good at referring for nutritional problems and following instructions." We saw the risk assessments were to help keep people safe and did not restrict their lifestyles.

There was also environmental risk assessment to ensure all parts of the service were safe. This covered topics like tripping hazards, faulty or broken equipment and the outdoor space.

A relative said, "The home is clean and tidy. No smells." During the tour of the building we noted everywhere was clean, tidy, well decorated and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry sited away from any food preparation areas. There were two industrial type washing machines and dryers to keep linen clean and other equipment such as irons to keep laundry presentable. The washing machines had a sluicing facility to wash soiled clothes. There were different coloured bags to remove contaminated waste and linen. There was a system of dirty clothes in and clean clothes out of the laundry to prevent cross contamination. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry. Staff had access to personal protective equipment such as gloves and aprons. We observed staff used the equipment when they needed to.

Good

Is the service effective?

Our findings

We asked people what they thought of the food at the home. People who used the service told us, "The food is good and there is enough for me. I like the fruit", "The meals here are very good", I like the food it is good", "The food is good, and there is a lot of fresh food. The portions are adequate and you can always ask for more if not" and "The food is lovely." Relatives said, "The food seems to be very good and you can also use the café" and "The food is fabulous." A staff member said, "We had a tasting day and we sampled it. Even the pureed food was very good. It is all shaped like the food it is. Fish looks like fish or carrots like carrots."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We were present in the dining room for part of the inspection to observe a mealtime and saw that staff were attentive and talked to people who used the service. During the day we also saw people eating fresh fruit and snacks or having a drink. The menu was available for people to read and we were told if people did not remember what was on offer staff would show them a choice of the meals available.

The food served at this home was provided by an external catering company. This company supplied frozen options from a wide menu to meet people's nutritional needs. The company regularly came to the service to check that the food was good and if people who used the service enjoyed the dining experience. We saw that there was an information sheet for every food served which detailed all nutritional information including whether the food included additives, the sugar content and whether it was suitable for vegetarians.

The catering service had trained staff how to best prepare their meals so they reached people who used the service in optimum condition. There was a choice of meals at each serving. Flexibility could be provided by the catering staff at the home. Each household had a kitchenette and stores of food they could access. This meant if a person did not like what was on offer staff could prepare something else.

We saw cooked breakfasts were provided from the café. We saw other people eating cereals and toast which were made on each household. Each household also had a dining area with sufficient seating for the maximum of 12 people. There were cloths on the tables and we were told condiments were stored on each household if people wanted to flavour their food. People had their choice of a lighter lunch and the main meal was served in the evening. There was a choice of main meal or sweet. Drinks were served with meals and we also saw people taking drinks at other times.

The kitchen had achieved the five star very good rating from the last environmental health inspection which meant food ordering, storage, preparation and serving were safe. We went into the kitchen and found it to be clean and tidy. We saw there was a good supply of fresh, frozen, dried and canned foods. This included fresh fruit which was made available daily. Stocks on each household were regularly topped up by the catering co-ordinators.

There was a café which was available for people who used the services, their families and the local

population to enjoy a more community based dining experience.

People's nutritional needs were recorded in the plans of care. We saw that where required people's intake, output and weight was recorded. A Speech and Language Therapist was visiting the home and told us, "The staff are good at referring to us and they will ask our advice even if they are downgrading someone's diet due to improvement. They adhere to my recommendations and from my viewpoint it is an excellent home. We are here frequently. They pick up any deterioration very quickly. The staff know the patients well."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

We were told three people had the capacity to live at the home, 26 applications were currently being processed and the remaining 30 people had a DoLS in place. This meant people's rights were protected.

A nurse told us, "I tend to be in best interest meetings or capacity assessment. Go through the process and supply information." We saw from looking at four plans of care that people had a mental capacity assessment. Where people lacked mental capacity a best interest meeting was held. Best interest meetings included professionals and family members if appropriate to determine if the home was the right place for the person to live.

We saw staff were prepared to protect people's rights. For example, we were told about one person's family member who lived abroad and wanted the person to get up early to use the computer to contact them. If the person did not wish to get up staff supported the decision. We saw that the person's care plan reflected that they liked to get up later in the day.

Staff told us, "I see other staff go through the induction process and help shadow new staff", "We did two weeks induction. I found it useful. I was then shadowed until I was ready to work on my own" and "The induction lasts two weeks and then you shadow someone. They do our training and then the care certificate. New staff are then mentored until they feel confident to do the work on their own." Each new member of staff completed a recognised induction program which covered six days. The induction helped staff understand their role, their personal development plan, safe practice, privacy and dignity, safeguarding principles, person centred values, effective communication, equality, hydration and foods safety, information handling, health and safety, infection prevention, moving and handling, MAPPA (training for behaviours that challenge), medicines administration, first aid and care for people with mental health issues or dementia. Staff completed a workbook which was signed off. We saw evidence that staff had completed the workbooks. New staff were then placed on the care certificate which is considered to be best practice for people new to working in the care industry. We saw from looking at staff files that some staff were completing the care certificate or had completed it. This meant new staff were given sufficient knowledge to

work with the vulnerable people they looked after.

Two staff members said, "I think the training equipped me to do the job" and "We get enough training to feel confident to work here." From looking at the staff matrix we saw all staff had completed mandatory training such as moving and handling, first aid, health and safety, fire safety, food hygiene, infection prevention and control, the MCA and DoLS and basic training for people who have a dementia. Other training included person centred planning, medicines administration, falls management and awareness, equality and inclusion, the management of actual or potential aggression, mental health awareness, eating drinking and swallowing and customer care. We saw that the training matrix showed when a staff member had completed the training and when it was next due. One staff member we spoke with told us they had taken extra training in fire safety and taught other staff. This person was also a designated fire marshal. Staff received the training they needed to feel competent and confident in their work.

All the staff we spoke with told us they had regular formal supervision and commented, "The clinical lead does 1 – 1's with us. It is sometimes formal as well as informal and can be around clinical work", "Every so often we get supervision. We can discuss our training needs or career", "I undertake supervisions and get supervised myself around every three months. You can discuss your career and your training and see if it can be arranged. They arranged training for me on the back of supervision" and "We have 1 – 1 regularly. You can have your say – your objectives, what can go better in the home. We saw from the matrix that staff had supervision regularly and were given support to further their careers.

From looking at four plans of care we saw that people who used the service had access to professionals, for example psychiatrists and other hospital consultants, community nurse specialists and district nurses. Each person had their own GP. This meant people's treatment was regularly followed up and any new treatment could be commenced.

We toured the building during the inspection and visited all communal areas. The home was well decorated, light and airy. There were a variety of communal areas. Each household had a lounge and dining area. There was also a covered veranda where people could access outdoor space if they wished with seating provided for people to relax. There was a café people could go to visit with their families if they wished. There was a library, sensory room and a cinema room was being completed. It was expected to be ready in the next few weeks. There was also a club room. This was a large room for people and their families as a place to socialise or attend special events and informative lectures. There was a guest bedroom for families to use if their relative was deteriorating. We were told there was no charge for using the facility.

The garden was designed for people with dementia and had paths for people to walk around and raised beds for people to assist in the garden if they wished. The service also kept some chickens in the garden area. There was good signage around the building to help people with dementia find their way around and familiar tactile objects on the walls for people to touch.

Each bedroom had en-suite facilities with sink, toilet and shower. There was also a mechanically assisted bath on each floor if that was a person's preference. The downstairs bathroom had been redeveloped to provide a more stimulating environment. Bedrooms we visited (ten) had been personalised to people's tastes. We saw people had family photographs, personal furniture and ornaments to help the room feel more homely. The rooms were clean and tidy.

There was a lift to access all floors and there were hand rails along the corridors to help people move independently if they could. There were hoists and slings to help mobilise people and other equipment we saw included frames to help people walk, wheelchairs and pressure relieving devices. Staff told us they had

been trained to use any equipment.

Good

Is the service caring?

Our findings

People who used the service told us, "The staff are all lovely and they are looking after me", "The staff are very nice", "I am happy and enjoy it here", "the ladies are looking after me very well" and "It's all right in here and the staff are pleasant." Relatives told us, "The care here is fantastic. I speak for all my family. The staff are really good and really caring. The reception and kitchen staff are also exceptional" and "They look after our relative very well. The staff are all friendly and nice to us all. We can make ourselves a drink if we want to and get biscuits. I am happy with the care they give my relative here."

Staff told us, "I would be happy for a member of my family to live here. I think it is fun working here and I like looking after people and making their last days happy", "I would definitely let a member of my family live here. I love the job and it makes my day to make someone smile and help them complete tasks. I love working here. I like helping people and looking after people, learning about them and meeting their families. It is an interesting job. I would recommend the home to a member of my family because the care is good.

We saw that the staff knew the people who used the service well, understood their interests and recognised what motivated and stimulated them Where possible staff encouraged people to retain their independence, and to maintain their hobbies and interests. One person who used the service also told us, "I am well looked after but I can please myself if I'm coming or going. The staff are around but I can keep myself going. They help with bits and bobs and make sure I am alright. It's a decent place, they keep it very clean, and they support me. I spend time each afternoon in the garden and am encouraged to do this. They take me to the garden centre sometimes." Where possible staff encouraged people to retain some independence.

Inclusion appeared to be the staff ethos, and staff would look for innovative ways to keep people active. One staff member told us, "I like to help them complete tasks. Helping them do things for themselves. For example, I like to spend ten minutes or so to help them make their own beds if they want and this can also be used as a distraction technique."

Whilst we were in a lounge area we saw one person who used the service was troubling another. Staff quickly and calmly intervened, distracted one person by talking to them and led the other to another area. This was done gently and with good communication skills. We saw that staff asked people what they wanted or required, gaining their consent before any personal care was given or providing them with a drink if that is what the person asked for.

We observed staff during the inspection and how they interacted with people who used the service. Staff were professional, polite and had a good rapport with them. We did not see any breaches of privacy or witness anyone being treated in an undignified manner. We saw staff sat talking to people and there was a calm atmosphere with lots of good humour.

Staff told us they knew people well and had worked at the home for some time. This helped staff treat people as individuals. Staff were trained in confidentiality and data protection issues and had access to policies and procedures to help inform them of confidentiality issues. We saw that care records were stored

safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

The only staff who wore uniforms were those working in the kitchen. Nurses and care staff wore everyday clothes and this helped to provide people with an informal atmosphere. We also noted that people were included in conversation when staff were completing tasks.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. There was also information about what a person was capable of doing which helped them remain independent. There was a record of a person's spiritual or religious needs and we were told people who wished could attend a service with one of the two ministers who came to the home if they wished to practice their faith in this way.

A volunteer who was a family member of a person who had used the service said, "The end of life care was very good. They supported us as a family. We felt like every member of staff looked after us." We saw that the service kept a 'guest bedroom' where relatives of people nearing death could stay and were supported to help care for their relatives at the end of life. The service had won a regional award for the end of life training staff had undertaken. Six further staff were working towards a nationally recognised end of life care gold award. We saw that plans of care contained details of a person's end of life wishes. This included people's last wishes and aspirations; people to involve; any key religious needs; actions to ensure dignity and the people they wished to be involved in any arrangements. The training and planning should ensure people had the care they wanted if they deteriorated and staff would have the skills to support family members.

Good

Is the service responsive?

Our findings

The service primarily supported people who were living with dementia and actively sought innovative ways to ensure that they maintained a full and active life, and remained an integral part of the local community. There were several areas within the home where people could attend activities as well as the household they resided upon, and members of the public were also invited in to share the resources available. For example there was a café on the ground floor where people who used the service could sit and have a drink, snack or eat their meals. The local community were able to use this facility via a separate access door. This enabled people who used the service to mix with the community. One person whose relative had lived at the service said, "It was difficult to take my relative into the community. The café is a safe environment for people who live here but also for reaching out into the community". A large communal room on the adjacent to the café was known as 'the club' was used by people who lived in the home as well as people from the local community.

The service was keen to provide opportunities for people who used the service to remain active, and supported their relatives to understand the nature of their dementia. For example, on the first day of the inspection the club was being used to inform people and their family members of a technique called tapping. This is used as an alternative therapy for acupuncture. People who lived in the community and had a dementia were also able to access this. We saw that some of the people who used the service and a family member attended the lecture.

One person who volunteered to provide activities for the service told us, "The café is a safe environment for people who live here but also for reaching out into the community. We try informative speakers such as solicitors, hold quizzes and have games evenings. I find speakers for topics to aid dementia. We have had laughter therapy and Tai Chi. I had a relative who lived here and we were impressed with the service, which is why I am involved now. I help with fund raising."

The service looked for imaginative ways to support people and help them to remain active, and did not see dementia as a barrier to activity. For example A person who used the service said, "I like swimming and the staff take me."

Specific activities and events were held each day. On the first day of our inspection the service had commissioned an 'armchair dancing' session to assist people with movement. we saw that people joining this activity enjoyed the music, fun and exercise. The person holding the session appeared to know the people well, encouraged their participation and made the session interesting.

We spoke with the registered manager and discussed what activities were on offer. We saw that photographs were taken of activities and how much people enjoyed them. Activities included swimming, barge trips, a travelling zoo (snakes, spiders and animals people can pet), shopping, going to garden centres, afternoon tea, talks about dementia, gardening (we saw one person was helping in the garden on both days of the inspection), talking to people singly about the news, supporting life skills, for example making a drink, exercise to music, arts and crafts, armchair exercises, massage and touch therapy, reading

newspapers and completing crosswords. The service were recruiting an activities coordinator.

We saw a person completing a jigsaw. The service also held themed events such as for Halloween or Valentine's day. There was a cookery club where people made cakes or meals like curries. A vocal entertainer came into the home every month. The local cub scout group came and had become friends of people with dementia. This worked for the scouts and people who lived in the home. Scouts were able to gain community badges for their work and entertained people who used the service with board games and played dominoes. The young people were also members of the friends of people with dementia society.

One person liked to work in the garden. We observed and spoke to this person who enjoyed gardening very much and also appreciated staff encouraging his hobby and also taking him to garden centres for plants. The person helped keep the garden in very good condition.

There was a hairdressing salon and people could have their hair done with the visiting hairdresser if they wished, a sensory room to help calm people and the soon to be completed cinema room for people to watch a film in a social setting.

The library had a computer with internet access for people to contact their relatives if they could in this way. There were also books, talking books and books with large print for people with poor eyesight.

A person who used the service said, ""I've no complaints. The old ones ramble on a bit, its expected when you get to that age, but I have my own telly so I can go to my room and watch a bit of TV, so I get a bit of peace and quiet." A SALT said, "One of our staff members has a relative here. If we have any qualms here they will sort it."

Each person had a copy of the complaints procedure in the documentation they were given on admission and located in other areas of the home. There was an easy read version to help people understand the document. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. There had been one complaint made to the service in 2016. We looked at how the service responded to complaints and saw that the registered manager had documented how the service responded. We saw an example of care being reviewed for one person with the GP reducing medicines and a crash mat being put in place to protect a person who was at risk of falling fall out of bed following concerns raised.

Staff members told us, "We have handover at every shift for all the staff. For staff that come in later we give them an update. I would direct the team from what we know from the handover", "We have handovers where the seniors pass on to us information on the day. They ask us to report back to them for any information or changes to people" and "We have a handover at the beginning of every shift. This tells us what we need to know." Staff were given a handover at the start of each shift to ensure they were aware of people's needs.

.

We looked at four plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This

process helped to ensure that people's individual needs could be met at the home.

All the people we spoke with thought they were well looked after. The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, tissue viability, mental health, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management. There was a daily record of what people had done or how they had been to keep staff up to date with information. For some people there was a hourly record of their daily life.

Plans of care reflected a person's cultural or ethnic needs, with reference to special diets or end of life needs. Where a need was identified in the plans of care there was an associated risk assessment, which measured the risk without control measures, the control measures which could be implemented and then re-measured the risk with the controls in place. For example a person was assessed for falls as high risk without control measures, which was reduced with assistance for all mobilising, medicines management, support to maintain continence and a sensor mat was placed by the bed to alert staff if the person was moving.

We asked the registered manager how the service gained the views of people who used the service or their families. We were told this was a combination of meetings with people who used the service, family meetings and a more informal family forum. At the last family/resident meeting of 27 March 2017 items on the agenda included updates to the environment including the cinema and sensory room, agenda, which films and stars they would like to see, a replacement carpet where people helped to choose it, recruitment of an activities coordinator, a trip to a local farm, the cookery club, joining in the swimming sessions and the use of one page profiles. People were given the chance to have their say to help decide how the home was run.

The family forum gave family members the chance to sit informally and discuss issues surrounding the experience of caring for people with a dementia.

There was also an informative magazine called the 'weekly sparkle' the service subscribed to. This was used to try to help people remember what was important on the same day from some years ago. The copy we saw included topics about famous people, London bridge being sold and a ban the bomb rally. The magazine interviewed a person who used one of the group services and asked people who read it questions around the answers and another person a do you remember session. Other memory joggers included twin tub washing machines, games children played and quizzes.

The registered manager had sent out questionnaires to ask people and their relatives for views about the service but not enough had been returned on the day of the inspection to draw any conclusions. However, the registered manager said she would summarise the results and show how the service used the answers to improve the service.

Outstanding ☆

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC. 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. The registered manager had been in post since June 2012.

We asked people how they thought the service was run and if the registered manager was approachable. People who used the service told us, "All the staff are good to talk to even the managers" and "You can go to anybody to talk to. They are all good even the managers." Visitors said, "You can always go to see the managers if you want" and "The managers are approachable. You can just knock on their door." A SALT said, "I work well with the management team."

We asked staff if managers were supportive and their comments included, "We can go to the senior managers if we want to. They are available to talk to. The assistant manager comes around every day and reads the communication book and also sees what is going on", "The managers are very supportive and you can go to them with any issues. I think we have a good team and work together. We sort out any disagreements on the day", "The nurse in charge on our household is very supportive. The deputy manager and registered manager are very approachable. We can go to them with any concerns. Even if it was personal I could go to them. It is relaxed here" and "The managers are approachable. I was offered another job and was ready to go but didn't because there is only one Eachstep. You can go to the manager is you need anything." Everybody we spoke with thought managers were available and supportive and managed the service well.

We saw the registered manager and assistant services manager were well known to the staff and people who used the service. They made time to talk to people as they went around and knew people by name.

Staff were also invited to attend regular meetings. Items on the agenda included medicines update following audits and staff responsibilities to administer safely, recruitment, building a bank of staff, 1 – 1 supervision, care plans and reviews, communication, safeguarding, health and safety, which included the updating of PEEP's and other business. At the end of the meeting staff were asked if they had anything they wanted to add. Staff were encouraged to bring up ideas to help run the service. There were also meetings for senior staff and trained nurses to discuss management issues.

There was also a staff forum for the whole organisation and three staff from this service attended to discuss ways to improve the business and care of people who used the service. It also included personal details staff events (with their permission) such as a wedding, a person who used the services story and recruiting a manager. This helped staff be a part of the organisation and encouraged them to bring up new ideas.

Before the inspection we checked records we held about the service and saw incidents that CQC needed to be informed about, such as safeguarding allegations, had been notified to us by the registered provider. This

meant we were able to see if appropriate action had been taken to ensure people were kept safe. The incidents and accidents were recorded electronically, the system then alerted the manager, the deputy manager and the regional manager that the incident had occurred. The incidents were analysed to see if measures could be introduced to minimise them.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating. A copy of the latest inspection report was also made available for people to read.

We looked at some of the policies and procedures which included confidentiality, record keeping, the business continuity plan, management of behaviours that may challenge, safeguarding, mental capacity and DoLS, complaints, health and safety, infection control, medicines administration and whistle blowing. Policies and procedures were updated regularly and available for staff to follow good practice.

Eachstep Blackley sought to work in partnership with other organisations. The service were undertaking a project with Lancaster University which was hoped to improve the lives of people who had end stage dementia and aimed to help provide a sympathetic approach to end of life care. The service had also been involved with Manchester University on a project to develop care packages especially for people who had dementia. We discussed this with the manager who told us this network supported staff, relatives, people who lived at the home and researchers to facilitate the delivery of research and provide improved care packages. The local council and MP used the service as a drop in centre. The benefit to the service included them helping with fund raising. The Prince's Trust had also been involved with the home and as part of the course had been involved in improving the garden area. The service had their gardens improved and it helped the young people achieve their goals. This meant Eachstep Blackley was engaging with local groups, universities and networks to seek innovation and drive improvement.

The home had been awarded the Dignity in Care Award by Manchester City Council in March 2014 and we saw a plaque was displayed on the wall of the main reception that confirmed this.

The registered manager conducted audits to check on the quality of service provision. The audits included infection control, medicines administration, the environment including cleanliness, safeguarding, mental capacity and DoLS applications, complaints, plans of care and dignity and respect. We saw that where the manager found any issues this was recorded and any action that needed to be taken for improvement. There was also a regular audit of the plans of care and the competencies of staff to administer medicines. Regular audits helped the registered manager maintain or improve standards.

There were complimentary comments in cards and letters which included, "The care staff worked hard to get our relative into the library. It was an emotional but joyous occasion for us all", "Please could you let the care staff know that we are grateful for their efforts and hard work", "We cannot thank you enough for all you have done", "I find the support of the staff amazing. This is the best level of support and people are cared for to the highest standard" and "Thanks for all the support your staff gave to us and our relative."