

Eco Wings & Nights Limited

Eco Nights

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Eco Nights is a residential respite care service providing personal care for younger adults at the time of the inspection. People who use the service have varying complex needs such as; sensory impairment, autism, learning and/or physical disability. The shared residential care home was registered for the support of up to 6 people in line with best practice guidance. 39 people regularly used the service for varying lengths of stays. When we visited there were 6 people using the service. The residence has shared amenities of kitchen, lounge, bathrooms and garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The registered manager and staff told us how important the services' shared values were to them, and how they were passionate about providing outstanding person-centred care to young people when they needed it, to enable them to live fulfilled, meaningful lives.

The registered manager told us, "We intend to continue to support people and their families who are approaching and are in crisis. We are prepared to do as much as we possibly can to support everyone involved."

Relatives told us they thought the staff were highly compassionate, caring and empathic people who had made a difference to their lives when they had nowhere else to turn. The consistency of staff enabled meaningful relationships to be created between staff and people. The manager told us, "We strive to be a home from home setting for people, so families can get the respite they need."

People's medicines were well managed, and they were supported to access healthcare services. A community professional told us, "Eco Nights have worked closely with me and colleagues in health and have developed a very good understanding of people's needs."

People were treated with dignity and respect. Their lifestyle and equality needs and choices were understood and respected. Care plans were detailed and outlined the support people needed. These records were regularly reviewed to make sure they reflected changes to people's circumstances.

People were protected from the risks of harm and abuse. Enhanced risk assessments were in place to identify and help reduce the likelihood of people experiencing injury or harm. People's privacy was

respected.

Recruitment processes were ongoing. Staff were trained and supervised to make sure they met people's needs effectively. They had been recruited using appropriate procedures.

The service had effective leadership. Staff understood their responsibilities and worked together as a team. There were systems to monitor the quality of people's care to make sure it was effective and safe.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the provider at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. Some minor restrictive intervention practice was used as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 29 November 2016).

Why we inspected

This was a planned 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Eco Nights

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 completed by one inspector.

Service and service type

Eco Nights is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 48 hours' notice of the inspection. This was because it is a small respite service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 August 2019 and ended on 19 August 2019. We visited the office location on 8 and 19 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

People using the service during our visit had complex communication needs and were unable to tell us their views and experiences, so we used observation as our main tool to gain insight of their experiences. During our inspection we spoke with five relatives, two members of staff, the service manager and the registered manager. We looked at a range of records including two people's care plans and records, three staff files in relation to recruitment and staff supervision and a variety of records relating to the management and quality assurance of the service.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risk of abuse.
- Relatives told us they did not have any concerns about people's safety. One relative told us, "I know [person's name] is safe when they're at Eco Nights."
- Policies, procedures and training were in place to safeguard people appropriately.
- Staff at the service were confident knowing how to identify and escalate any concerns of abuse and who to escalate concerns to. One staff member told us, "I've experienced raising concerns of abuse before, I don't hesitate to tell higher authorities when I need to."

Assessing risk, safety monitoring and management

- Extended risk assessments had been put in place for everyone using the service. For example, supporting people with behaviours which could harm themselves or others, supporting people with their finances and risks to physical and psychological health. These risk assessments were kept current.
- Appropriate measures were put in place where risk assessments identified potential hazards.
- People's needs were continually reviewed, and changes reported to the manager and circulated to staff via technology. Any new care instructions were immediately available to staff. One staff member told us, "I know I can call [manager and registered manager's name] anytime if we need clarification of something."
- The premises were maintained well. We saw records to show that appropriate fire prevention measures were in place and equipment for assisting people to move was serviced, to ensure it was in working order.

Staffing and recruitment

- Staff consistently told us that generally there were enough staff, however some behaviours could be challenging at times and more staff to support each other and other people would be beneficial. The registered manager told us they were currently in the process of recruiting more staff.
- There were emergency back up and on call arrangements for staff to gain support when required.
- The registered manager clearly conveyed the importance of recruiting staff who had their same values and vision for the service and understood how to care for people and keep them safe.
- Appropriate recruitment processes were in place to ensure people were supported safely. Pre-employment checks included a check for any criminal convictions.

Using medicines safely

- Peoples medicines were managed safely.
- Staff liaised with people, relatives, GP's and pharmacies to ensure safe medicines management.
- There was training for staff on safe medicines practice. Staff were assessed before they administered

medicines on their own. However, as a standard rule staff administered medicines with another staff member present to avoid error.

- Records of medicine administration were in good order.
- Audits were carried out to check safe practices were followed.

Preventing and controlling infection

- People were protected from the risk of infection at the service.
- There were procedures in place and training for staff on infection control.
- Staff had access to personal protective equipment.
- Staff had completed food safety training and supported people to clean the communal kitchen. One relative told us, "There is never any out of date food in the fridge, it's always kept very hygienic."

Learning lessons when things go wrong

- Systems were in place to investigate accidents and incidents.
- The provider and registered manager took appropriate action when things went wrong, to improve standards at the home.
- When incidents and accidents occurred, records were kept to show the actions taken by staff. A relative told us "They [staff] always let me know if something has happened to [person's name] and what they've done about it."
- Lessons learnt from errors were discussed in supervisions and team meetings to ensure development took place.

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

- A process was in place to assess people's needs with them and their relatives and carers before they began to receive a service. This information was used to make sure staff had the skills to meet people's needs. Relatives told us they were invited for an initial 'Tea Visit' at the service to meet and spend time with staff and other people using this service.
- Assessments took into account physical and mental health needs and any needs related to disabilities, communication and culture. Care plans recorded people's needs, choices and preferences.
- There were physical and behaviour intervention plans for staff to support people with behaviours which challenge. These followed positive behaviour support strategies. Positive behaviour support (PBS) is a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. The registered manager told us, "Behaviour that challenges usually happens for a reason and it might be the only way the person knows how to tell us what they need."
- All incidents of behaviour which challenge and required intervention were recorded and monitored by the manager and registered manager.

Staff support: induction, training, skills and experience

- People were cared for by staff who received appropriate support, training and supervision. This included 'Breakaway and Safe Intervention' specialist training. One member of staff told us, "It's our job to de-escalate concerns, we [staff] work together to understand what people need and restraint is only ever used as a last resort for the shortest time possible."
- People who used the service and relatives felt care workers had the skills and knowledge to meet care needs. One staff member told us, "Management are hot on our training, most is face to face training which I think you can learn better by."
- New staff completed an induction before they worked unsupervised. New workers completed the Care Certificate that consists of a set of national standards which health and social care workers need to demonstrate in their roles.
- Staff were supported to reflect on their practice and set goals for their future career development at regular supervision meetings. Staff told us they felt supported to develop in their role.

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

- People's nutritional needs were effectively met.
- Care plans detailed exactly what support was required for people to maintain a balanced diet whilst keeping them safe and as independent as possible.

- People's choices were respected, one relative told us, "They always get to choose; if they want they can go out for dinner or get a takeaway."
- Staff kept records of what people ate so that their health was monitored, and relatives remained informed. One relative told us how the manager had given staff strict instructions to monitor daily food intake of their relative and was happy with the report they received.

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

- People were supported to be healthy and to access a range of healthcare services. Each person had a care plan for staff to support people's dental care whilst in respite.
- Staff worked well together and with external agencies such as the local authority, GPs and epilepsy nurses. The registered manager told us how they accompanied people to appointments with health professionals and invited Dr's to the service which facilitated an accurate assessment and determined the most appropriate treatment for people.
- The registered manager told us how the service liaised directly with the learning disabilities liaison nurse, so that on arrival at the hospital's accident and emergency department, people received safe care and support. The service also provided hospital passports so health professionals received important information and knew how to communicate with people.
- Staff handovers were used to share information about people's welfare. Also, when electronic care plans were updated, staff signed to acknowledge they had been informed of changes to support required.

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

- People lived in a home which was appropriately adapted and designed to meet their needs.
- Each bedroom was designed with a specific theme, i.e. The pencil room / London Bus room / camper van room. One relative told us, "[Person's name] always chooses to stay in the same room, they love it."
- People were able to personalise their rooms with whatever items they wished, to make their surroundings homely, comfortable and familiar.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team and staff had completed training around MCA. Guidance was available to staff about any support people needed to make decisions.
- We observed staff supporting one person to make a decision about choosing an activity. Staff respected choices people made, including not attending day services if they so wished.
- People's capacity to make decisions had been assessed and people/relatives had given their consent to staff supporting them with areas of their care. The management team knew when decisions needed to be made in people's best interests and arranged to these to be done with others who knew them well, such as

their family and health professionals.

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 now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The registered manager was focused and passionate in their vision to improve the lives and wellbeing of young people with disabilities and staff actively supported the vision. The registered manager also ran Eco Wings - a service to facilitate social skills and avoid isolation - in unison with Eco Nights. Eco Wings provided people at Eco Nights (and others) appropriate options to decide how they wanted to spend their day time. The registered manager also told us how they were in the process of building a hydrotherapy pool to further support people with decisions about their care.
- Universally relatives told us they felt respected, listened to and influential in care being provided. One relative told us, "The initial assessment was so comprehensive, there was a lot of discussion and a great specific care plan was created for the staff to follow. I questioned staff about how they might deal with incidences that might arise and I was so impressed with their responses, about how they'd handle behaviour that challenged them. I trust that [person's name] is cared for safely." Another relative said, "We [family] actually do get some respite."
- Excellent communication between people, staff and relatives facilitated safe care and effective support. A family member told us, "[Person's name] regularly has seizures, they call me to let me know what has happened, but I really trust them, they give emergency medicine when they need to and are more than capable of dealing with any situation. The staff who care for [person's name] are consistently the same people I honestly don't worry when [person's name] is in their care." Another relative told us, "[Person's name] has complex needs, if they are unwell or not themselves they [staff] always call to discuss what steps to take." Another family member told us, "When [person's name] goes on holiday, they went to Butlins last time, [managers name] will call me and let me know what's happened in their day, it's a real support to me."

Respecting and promoting people's privacy, dignity and independence

- Respect and dignity was at the heart of the service's culture. One member of staff told us, "I respect the people here like I respect my own family, I love this job, I get real satisfaction from it. What may appear to be a little thing is huge for someone with Autism. Seeing [person's name] being so insular for so long and then the other day they offered to share their chocolate bar with me because we've built a friendship, it's massive gesture from them."
- We observed staff and people interacting with kindness and clearly established relationships which were based on the values of caring and compassion.
- People consistently reported that staff bar none were exceptionally compassionate, kind, treated people in a dignified manner and sought ways to communicate despite barriers. One relative contacted us again to

ensure they had conveyed what an excellent service Eco Nights was, "They treat [person's name] like family, they don't just put [person's name] in a corner in their wheelchair, they actually involve [person's name] in conversations and that is so important to me, to know they're being treated with kindness, respect and cared for. That's why we keep returning to Eco Nights."

- Relatives we spoke to confirmed that the reason they kept reusing the service was because it was perfect for their relative and the care was exceptional. They told us they trust the service to provide exactly what their relative needs.

- Staff actively promoted people's independence. Staff liaised with Speech and Language Teams (SALT) to support people to improve their communication success of interactions were recorded.

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

- The registered manager and manager had built and supported open and honest relationships between staff, people and their families. A positive person-centred culture had been created where staff cared for people's wellbeing in a meaningful way.

- Staff were driven to provide outstanding care and support for people and their relatives. One relative told us, "We were in crisis and [registered manager and manager's names] stepped in to truly support us. I can't thank them enough. Nothing is too much, they always accommodate us and put [person's name] first. They're amazing." Other relatives told us, "At the drop of a hat they will do everything they can for us," and "They [staff] will help us by going to appointments with [person's name], if [person's name] needs a blood test they go with them, it's never a problem."

- Staff told us how important it was to understand people they support during respite. One staff member told us, "It's a great place to work, I've been here so long now I know everyone really well." One relative told us, "They [staff] are so involved with [person's name] care and professional's meetings, they [staff] know exactly how to support [person's name], we're so grateful."

- We saw staff treated people with respect at all times. They interacted with people patiently and politely and spoke in a professional manner when they told us about people's needs and requirements.

- Relatives trusted staff. One relative told us, "[Person's name] has used other services who told us the behaviour was too much to handle, but they didn't take the time to understand [person's name] so they responded badly, we haven't had any problems at Eco Nights so far because [person's name] has had 121 care, [staff members name] really understands [person's name] and what they need."

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager was passionate conveying their objective; supporting young people with disabilities to develop social skills and avoid isolation.
- To achieve this vision, the registered manager also ran Eco Wings, a weekday service where young people with disabilities attended to socialise, and build upon their skills such as; communication, behaviour management, horticulture, arts and crafts, cookery and money management. People from Eco Nights attended Eco Wings during and after their respite period if they wished to. One relative told us, "[Person's name] loves Eco Wings they have music sessions there and do cooking as well, [person's name] really loves it."
- Relatives and people were happy with the activities provided and their relationships supported. A relative told us, "There's not loads going on in the day at Eco Nights as they are usually at Eco Wings in the day, they send me pictures of what [person's name] is doing and they're always having fun." Other relatives said, "Eco Nights has a private group on social media, so I can see when [person's name] is in the garden and playing on the trampoline," and "They [staff] read to [person's name], sing and dance around, engage with him just enough, but also know when they want to be calmer on their own and then bring [person's name] back to interact with others. They understand what [person's name] needs."
- People were supported by staff who knew them well. The registered manager told us, "Staff work at Eco Nights and Eco Wings, staff members that work nights have spent time at Eco Wings so they get to know people. That way people know who it is that's supporting them during the night and feel safe."

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

- People received personalised care which met their needs and preferences.
- Care plans contained in depth information on people's preferences, likes and dislikes and how they wanted their care and support to be delivered.
- People's care plans were stored, reviewed and updated on a computerised system and hardcopies with consent signatures were also kept current in case of power failure on site. During the inspection we discussed with the registered manager how they had identified the need for more uniformity with regard to staff's entries in people's care records; which would be addressed in the next staff meeting.
- Relatives consistently told us they were involved in care planning. One relative told us, "Even though [person's name] care needs don't change much [manager's name] always talks to us in case things might've changed."

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.

- Peoples' communication needs were assessed and recognised. Information was available in an accessible format to meet peoples' needs.
- There was information about people's communication needs and how staff should respond using proactive support. One care plan advised that one person required picture and word cards, writing boards and Makaton to communicate effectively.
- Staff had received training to communicate with people effectively. They used various methods including Picture Exchange System (PECS) and basic Makaton to interact with people.

Improving care quality in response to complaints or concerns

- Although no complaints had been raised by anyone we spoke with; people and relative's felt confident that if they raised a concern it would be dealt with quickly.
- There were opportunities before, during and after respite for people to voice their opinions and any complaints they may have. A complaints policy was in place. People had access to the complaints procedure and were encouraged to make complaints should they wish to.

End of life care and support

- The service was not providing palliative care or end of life support at the time of our visit.
- The service was aware who had advanced wishes for end of life support.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were cared for in a service which had a positive culture and provided person-centred care.
- The feedback we received about the service showed it provided effective and compassionate care to people and supported them when they had nowhere else to turn.
- There was good teamwork at the service. They were motivated and felt supported and appreciated by the management team.

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

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement and understood their legal obligations in the duty of candour process.

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

- People were cared for in a service where staff were clear about their roles and what was expected of them.
- There was a registered manager in post who was supported by the manager of the service. They understood their responsibilities towards meeting the regulations. The manager of the service was also in the process of completing Level 5 Diploma in Health and Social Care (adults) for England to enhance their leadership and management skills.
- When minor concerns were raised about staff practice, they met with a manager for a discussion about what had happened and how they could improve their practice. These were recorded and reviewed to make sure staff's practice improved.
- Monitoring and audits were carried out by the manager to ensure people received safe and effective care which met their needs. Informal communication between the manager and registered manager was frequent and oversight of service activity was good, however the registered manager agreed that their oversight needed to be recorded officially.

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

- Staff were supported through regular supervision and told us they were able to share their views of the service at regular staff meetings and concerns were addressed. One staff member told us, "I know I can contact [manager's name] whenever I need to."
- Relatives felt engaged with the service, one relative told us, "We are provided a report after every visit [person's name] has, tells me everything I need to know." Another relative said, "[Registered manager and manager's names] are so approachable, I know I can call them to see how [person's name] is whenever I like."
- There were good links with the local community. As well as having links with local health professionals the service facilitated engagement with community such as; trips to London, holidays within the UK, day trips to bowling, cinema, Base Jump etc. Transport was provided by the service to avoid social isolation.

Working in partnership with others; Continuous learning and improving care

- Improvements were made as a result of quality assurance processes and feedback.
- The service worked with other organisations to ensure people were as active in the community as they could be. A social worker told us, "Eco Nights have been very flexible in how they have been able to support people to manage challenging behaviour and enable engagement in activities that work on life skills. Their support has been vital."