

Eothen Homes Limited

Eothen Residential Homes - Whitley Bay

Inspection report

Park Gardens
Whitley Bay
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Eothen Residential Homes Whitley Bay ('Eothen') is a care home that provides accommodation and personal care for up to 35 older people, some of whom may be living with dementia. At the time of our inspection there were 34 people living at the home.

At our last inspection in April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection took place on 11 December 2018 and was unannounced. This meant the provider and staff did not know we would be coming.

The service did not have a registered manager in place at the time of inspection but a manager had recently been employed and had applied to be registered with CQC. 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.

People who used the service felt safe. The environment was calm and welcoming with staff ensuring people felt at ease.

All staff knew how best to reduce the risks people faced and had been appropriately trained in safeguarding awareness. Specific risks were assessed with actions documented to ensure these risks were reduced.

The management of medicines was safe, including storage and disposal, administration and ongoing monitoring of staff competence. Staff were appropriately trained and knowledgeable.

There were sufficient staff to ensure people were safely supported. The premises were well maintained and clean throughout. Servicing to emergency equipment, lifting equipment and utilities had happened regularly.

Staff received an induction on joining the service and ongoing face to face training. This training was well monitored and managed. Effective systems were in place to ensure the accurate documentation and update of people's care 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 premises were well suited to people's needs, with a range of communal spaces indoors and outdoors.

Meals were planned with people's likes, dislikes and requirements in mind. Feedback regarding meals was uniformly positive.

People were extremely complimentary about the care they received from staff, as were relatives. Staff knew people extremely well and were able to anticipate their needs. Staff communicated well with people and respected their individuality.

People were encouraged to take part in the planning of their care, as were their relatives. The new manager had begun to make good links with people's family members.

Activities were meaningful and led by people's preferences. The activities co-ordinator ensured links with local community groups were strong and people had the opportunity to try new things or maintain existing interests.

Staff morale was high and the team worked well together.

Staff had worked hard to ensure the culture was strongly focussed on people's emotional, physical and spiritual wellbeing and the new manager was keen to maintain this focus.

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 remains good.

Is the service well-led?

Good ●

The service remains good.

Eothen Residential Homes - Whitley Bay

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.

We visited the service on 11 December 2018 and the inspection was unannounced. The inspection team consisted of one adult social care inspector and one expert by experience who had experience of this type of care service.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed by the previous registered manager but we used this information to inform our questions inspection regarding the future plans for the service.

We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

During the inspection we spoke with seven people who used the service. We observed interactions between staff and people who used the service throughout the inspection. We spoke with nine members of staff: the manager, the nominated individual, the team leader on duty, three care staff, the handyman, the laundry assistant and domestic assistant. We looked at three people's care plans, risk assessments, medicines records, staff training and recruitment documentation, quality assurance systems and maintenance records. Following the visit to the service we contacted three family members and one external healthcare

professional.

Is the service safe?

Our findings

People who used the service consistently told us they felt safe. They said, "I am confident of my safety in here" and, "I feel very comfortable and safe in this home."

Relatives similarly expressed confidence in the abilities of staff to ensure people were safe. They said, "It's busy but they have time for people. They have never been short – it's different to some other places" and, "I know she is in safe hands." We saw people were relaxed in the presence of staff and we saw instances of staff calming people who had begun to feel anxious.

Medicines were managed safely by staff who were appropriately trained. Staff competence was regularly assessed and robust stock checks and audits were in place to ensure mistakes and risks were minimised. All medicine administration records we saw were accurate, well ordered and legible. Where people required topical medicines (creams) this was supported by body maps to ensure they were applied accurately. Where people were prescribed medicines 'when required' this was supported by specific protocols for staff to follow. Controlled drugs were stored in line with good practice. Controlled drugs are substances that are liable to misuse. Medicines were therefore managed in line with good practice to keep people safe.

Staff received regular safeguarding training and were clear about what to do should they have concerns about a person's safety. Safeguarding information was prominently displayed in the home. Local safeguarding and commissioning teams raised no concerns about the service.

Staffing levels were well planned and sufficient to ensure people's needs were safely met. Staff consistently told us they felt there was sufficient support. We observed no delays to call bells being answered during the inspection. Appropriate pre-employment checks of prospective staff remained in place.

Accidents and incidents were recorded and analysed to try and identify patterns and help reduce the risk of reoccurrence. Care records were stored securely away from communal areas and staff respected people's privacy and confidentiality.

Risk assessments were in place and sufficiently detailed. These included information on how to reduce the risk of falls, malnutrition and pressure sores. Where appropriate, recognised assessment tools such as Waterlow were used to monitor the risks people faced. Waterlow is a tool which gives an estimated risk of pressure sores. All staff we spoke with demonstrated a good knowledge of the risks people faced. Training was relevant and regularly refreshed to ensure staff had the knowledge to help reduce these risks.

The premises were well maintained and clean throughout, including people's rooms, communal areas, kitchen and laundry facilities. A relative said, "There's a lovely clean smell – they are always vacuuming." Staff identified repairs via the handyman's log and these were acted on promptly. Regular testing of services such as fire alarms took place, as well as fire drills. External servicing and testing of emergency equipment, utilities and lifting equipment all took place within required timescales. Personal Emergency Evacuation Plans (PEEPs) were up to date and accessible.

Is the service effective?

Our findings

People received care and support from staff who had a sound knowledge of their needs and had been well trained and supported. One person told us, "I think staff do a very good job supporting everyone across many mixed behaviours and backgrounds," whilst another said, "They are good at what they do."

Staff liaised with local healthcare professionals to ensure people's needs were met and that they achieved good health outcomes. One relative confirmed that their parent had regained weight since moving to the home, which had a positive impact on their overall health and wellbeing. Meals varied on a daily basis and took into account people's individual preferences and dislikes. Where people were at risk of malnutrition this was mitigated by the use of fortified diets. People who used the service told us, "You have plenty of choice," and, "The food is very nice."

Care records were up to date and accurate, with sufficient information regarding people's current health status. Visiting healthcare professionals would therefore be able to understand people's current condition and to support them accordingly. When we spoke with staff they demonstrated a strong understanding of people's health needs.

Staff received a range of mandatory relevant training to ensure they were able to meet people's needs. This was monitored and managed well. All training was face to face and staff we spoke with preferred this approach to online learning. One said, "It means you can have a chat about the subject; it's not just multiple choice." Staff had been trained in safeguarding, dementia awareness, capacity awareness, moving and handling, first aid, fire safety, amongst other topics.

Staff had formal supervision and appraisal meetings with their manager planned and all we spoke with felt well supported. When new staff began working they received an induction in line with the company policy, ensuring they were confident in their role through mentoring. One staff member said, "They were very flexible and considerate – they wanted to make sure I was ready." One external professional who had spent some time at the service told us, "They really helped me understand all the tasks that were needed. They worked together as a team."

We found staff communicated well with each other throughout the inspection and external professionals confirmed they liaised with them well. A range of daily records and handover documentation ensured people's needs were well documented and shared between staff.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The manager fully understood the principles of the MCA and appropriate applications were in place to deprive someone of their liberty where it was in their best interests.

The premises were well suited to people's needs, with good lighting and spacious corridors throughout. There were a range of communal and quiet, contemplative spaces, and well maintained outdoor spaces

which people confirmed they enjoyed using in the summer.

Is the service caring?

Our findings

People who used the service were consistently extremely positive about the care they received from staff. People told us, "I could not fault the care in any shape or form," and, "Many staff and carers on the whole are exceptionally nice and help me out of bed and to the breakfast table in the morning." Relatives were similarly positive, stating, "We decided on Eothen through word of mouth" and, "I can't fault them at all. They have been friendly and genuinely caring at all times." One relative told us how a staff member had stayed with their relative for a number of hours at hospital until they could make it, to ensure they were free from anxiety.

Relatives told us they felt the continuity of care and the dedication of staff had had a positive impact on the health and wellbeing of people. One said, "They know all the staff. It's such a settled place to be." We observed people interacting comfortably and in a relaxed manner with all staff. Turnover of staff was relatively low and people we spoke with had formed strong bonds with people who provided care and support.

Staff took the time (and the provider ensured staff were given the time) to get to know people and to ensure their role was not merely task focussed. One person told us, "They always have a chat." We observed staff taking time to speak with people at their pace and ensuring they were comfortable throughout the inspection. One relative told us, "They are patient and treat people as people." This opinion was echoed by an external professional we spoke with, who said, "It was noticeable how much time they took over people – at lunch it would be a case of sitting with people, not just stood about and watching people eat, which does happen at some places."

People's spiritual diversity was respected and supported. The service held regular Church of England services and also encouraged visits from local Methodist and Catholic ministers. Strong links had been made with a range of religious denominations locally. For instance, people who used the service now had the opportunity to attend a local service held on a Monday, which was designed to provide a less busy and more accessible service to the Sunday service. Where people were unable or did not want to attend local services the activities co-ordinator had ensured they could watch recorded services via the internet television.

We noted there was a prayer wall in the service, and two prayer corners, where people could respectively pin up prayers or celebrate the lives of people who had passed away, and spend some time reflecting. One relative told us, "The continuation of the spiritual side is very important." Whilst some of the strengths of the service were specifically in relation to the provision of spiritual support and services, people who did not share that faith confirmed with us they felt included. We found the atmosphere to be welcoming and vibrant.

People were involved in the planning and review of their own care. They and relatives confirmed they were regularly consulted.

We observed people being treated with respect and dignity throughout the inspection. People's independence was encouraged on a daily basis, for instance with people visiting local cafes and shops.

Is the service responsive?

Our findings

People enjoyed a range of activities on a daily basis. The activities co-ordinator had an excellent understanding of people's individual preferences and needs and factored these into activities planning. They worked proactively with the local community and further afield to ensure people had access to a broad range of meaningful activities. Recent events people had enjoyed included a trip to a local restaurant for a Christmas meal, coffee mornings, piano playing, poetry events and performances by a local dance troupe. The service had recently employed a second activities co-ordinator to support the existing one and this meant people who used the service would benefit from further local links and new opportunities.

People valued the range of activities and interests available. One person said, "There is always something new," whilst a relative told us, "[Activities co-ordinator] has done some great work. They're smashing. Why should people not try new things just because they live in a care home?"

People's needs were assessed prior to moving to the home and reviewed regularly thereafter. Care planning was sufficiently detailed though could be improved in terms of ensuring all aspects of care planning were person-centred. Some information regarding people's preferences and personal histories were spread throughout care records rather than being accessible. The manager told us they planned to review care planning and ensure each person's file had a more accessible person-centred overview of their needs. In terms of practical impacts on people, staff knew people's needs and backgrounds well, and this need for improving documentation did not have an impact on the care and support people had received. All records we reviewed were up to date and accurate.

Where people's needs changed, staff were attentive to this and people received the support they needed through effective and responsive work with external professionals, such as nurses and GPs. Specific plans were in place to instruct staff and others regarding how to meet people's needs, for instance Emergency Health Care Plans (EHCPs). An EHCP is a brief document containing the key information about a person's condition(s) and how to meet their needs should those conditions deteriorate. The service had a good relationship with the local GP surgery and was looking at ways of introducing a 'ward round' to ensure access to healthcare was as well organised as possible.

Relatives and people confirmed they were invited to review meetings and asked for their opinions on how the service was run. This had been done through residents' meetings and surveys previously and the new manager intended to review the regularity of both of these.

Nobody using the service at the time of inspection felt the need to raise a complaint. All people we spoke with were comfortable raising concerns with staff. Relatives we spoke with confirmed they had confidence in the new manager and their ability to listen and take on board any queries. There was a suitable, accessible complaints procedure in place. Information was displayed accessibly in communal areas and by way of newsletters.

People had the opportunity to sensitively discuss their care should they approach the end of their life.

People had end of life care plans in place and families had been involved in these discussions.

Is the service well-led?

Our findings

The new manager had relevant experience and brought additional experience of training delivery to the role. They had applied to register with CQC at the time of inspection. We found they interacted well with all people who used the service and displayed a good knowledge of people's needs. People we spoke with, and their relatives, felt they had taken to the role well, albeit they had only been at the service for six weeks. One said, "The new manager seems lovely – they have helped us out already with a couple of things."

The manager demonstrated a good awareness of best practice, for instance of the React to Red scheme. This is an NHS initiative to increase awareness in family members and carers regarding pressure sore risks.

The manager was well supported by the provider. They told us, "The induction has been fantastic – I've had the time to get to know the people and the role." They had regular contact with the provider's other managers to ensure they could access ad hoc support and share good practice. One of the provider's other locations was geographically distant so Skype was used to ensure managers were able to communicate with each other regularly.

A recently appointed compliance manager had ensured there remained a focus on continual service scrutiny and improvement. They had issued the managers of the provider's services with a compliance newsletter and had a clear plan in place for 2019 and the required audits to be undertaken by each manager. The manager inherited a clear set of audits and quality assurance checks, such as medicines audits, care plan and health and safety audits. The manager also had plans in place to revisit the champions in place at the service, to ensure they were able to play a more active role in driving service improvement. These roles included champions for dementia, dignity, hydration, falls and safeguarding.

The manager told us they had joined a service with an open, inclusive culture. We found this to be the case in the conversations we had with people who used the service, their relatives and staff.

Links with the local community were strong and well established. The home was centrally located, with a church, cafes and shops all within close walking distance. People who used the service were enabled to remain part of their community through the good work done by the activities co-ordinator and the support of staff. For instance, regular visits by a local nursery ensured people got to engage with a new generation of local children. All people we spoke with felt this was a mutually beneficial visit. The manager was aware of these strong links and intended to maintain and develop them in the future.

All staff we spoke with were enthusiastic about their role and acted in line with the provider's ethos as set out in their statement of purpose. One said, "The people make it. I love coming to work." Another said, "We work really well as a team. We always pull together and there are no splits." An external professional we spoke with made similar positive comments about the team work they had witnessed. We found morale was high. We were assured the new manager was suitably skilled and experienced in the role.