

Gateshead Council

Eastwood Promoting Independence Centre

Inspection report

The Drive
Felling
Gateshead
Tyne and Wear
NE10 0PY

Tel: 01914336464

Website: www.gateshead.gov.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Eastwood Promoting Independence Centre is a residential care home that provides respite, short break and assessments for up to 25 older people and people living with dementia. On the date of this inspection there were 20 people using the service.

People's experience of using this service: During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staffing.

A review of the provider's training matrix identified some staff were not up-to-date with essential mandatory training. Gaps were also identified in staff supervision records.

People and their relatives told us the care they received from staff was good. They told us staff knew and fully understood their needs. People living at the service were usually only there for a period of six weeks. During this time, people's needs were either assessed to allow them to undergo rehabilitation with the aim of returning to their own home, or people were assessed to determine what would best meet their longer-term needs.

People told us they felt safe. The provider had safeguarding policies in place and records confirmed this process was followed. People told us there were enough staff to look after them. Recruitment of staff remained good. Care plans included individual risk assessments, which were regularly reviewed to keep people safe. Medicines continue to be managed safely. Regular premises safety checks were carried out.

The provider worked closely with various healthcare professionals, some of whom were based on site. People also had access to healthcare services such as GPs, dieticians and dentists.

People were supported to maintain a healthy diet and people told us they enjoyed their meals. The environment had been designed to support and encourage people to achieve a greater level of independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, policies and systems in the service supported this practice.

People and their relatives were involved in the creation of care plans. Care plans were reviewed on a weekly basis and where necessary changes were made.

People were encouraged to provide feedback of their experience of the service. Regular meetings were held with people who used the service to discuss ideas for improving the home. People were encouraged to participate in a range of activities.

People, staff, relatives and healthcare professionals spoke in positive terms about the registered manager.

Staff told us that the registered manager was both supportive and approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: Good (report published September 2016)

Why we inspected: This was a planned inspection based on the rating at the previous inspection .
Follow up. We have asked the provider to send us an action plan telling us what steps they will take to make the improvements needed. We will return to re-inspect this service within the published timeframe for services rated requires improvement.

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.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Care findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led findings below.

Eastwood Promoting Independence Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team: One inspector carried out this inspection.

Service and service type: Eastwood Promoting Independence Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 can accommodate 25 people in one adapted building.

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: The inspection was unannounced.

What we did: Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is a report about important events which the service is required to send to us by law. We also reviewed the Provider Information Return (PIR). This is a form that the provider must send to CQC with key information about the service, what improvements they have planned and what the service does well.

We sought feedback from the local authority commissioning and safeguarding adult team and reviewed the information they provided. We also contacted Healthwatch, who are the independent consumer champion

for people who use health and social care services. The feedback from these parties was used in the planning of our inspection.

During the inspection: We looked at two care plans and supporting daily notes, three medicine administration records (MAR). We spoke with three people who used the service and one relative. We spoke with the registered manager, deputy, manager, service manager, three members of staff and two healthcare professionals. We also looked at records involved with the day to day running of the service which included staffing rotas, meeting minutes, health and safety premises checks, quality assurance audits along with supporting policies and procedures

After inspection: The registered manager sent us further information which we had requested.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Preventing and controlling infection

- The provider had an infection control policy in place. Adequate amounts of personal protective equipment (PPE) were made available for staff to use. During the inspection, staff were seen to make use of this to prevent the spread of infection.
- The premises were clean and tidy.
- One room in the building was a dedicated mattress storage area. Three bed mattresses were uncovered, which was not in line with the provider's own policy. We spoke to the registered manager regarding this and this issue was addressed immediately.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were protected from abuse. The provider had a safeguarding policy in place and staff we spoke with were confident in their ability to identify and report any safeguarding issues.
- Safeguarding issues were documented, investigated and reported to the appropriate authorities.
- The registered manager was also a member of the local authority Safeguarding Adults Board.
- People told us they felt safe living at the service. One person told us, "I feel 100% safe living here and that is because the way they look after me is unbelievable. If I could stay here for good I would!" another person told us, "Yes, I feel safe, I don't lock my door."
- Staffing rotas confirmed that staffing levels were appropriate to meet the needs of people. As the needs of people changed, staffing levels were reviewed. People and staff, told us they felt staffing levels were appropriate.
- The provider's systems and processes regarding recruitment of staff remained safe. This ensured that only suitable people were employed to work at the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff were confident in their ability to care for people safely and reduce the risk of harm.
- Care plans included risk assessments, which supported staff to keep people safe. Risk assessments were reviewed on a regular basis. Positive daily living risk assessments were also included. Positive risk assessments support people to increase their independence and to support their transition in moving back to their own home. For example, people were encouraged to prepare their own meals and to become more confident in their own mobility.
- A review of the provider's accident and incident log showed accidents and incidents were recorded, investigated and any resulting actions identified were recorded. This allowed the provider to be pro-active and to prevent any reoccurrence where possible.
- Regular health and safety checks of the premises were carried out.

Using medicines safely

- Medicines were handled safely. This included the receipt, storage, administration and disposal of medicines. Staff who administered medicines were confident to do so.
- People we spoke with told us they received their medicines on time. Where able, people were encouraged to safely administer their own medicine.
- Where staff supported people with their medicines, people told us they were happy with the support they received. One person told us "Yes, I am very happy with the support I get with my meds, [Staff name] who gives me my meds is lovely!"

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- A review of the provider's training matrix identified that a number of staff were considerably out-of-date with their mandatory training. This is training the provider deems as being essential. For example, 18 % of staff's safeguarding and food hygiene was out-of-date; and 14% of staff's moving and handling, was out-of-date.
- Some staff had not received regular supervision sessions in line with the provider's own policy, which stated supervision sessions should be held every three months. For example, one member of staff had not received supervision for five months, another six months and another staff 10 months.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing

- People told us they felt staff knew how to care for them and said staff had the right level of skills. We asked one person if they thought staff who cared for them knew what they were doing, and they told us "I do think so yes, too well at times!"
- Staff told us they had access to training and could, if they wished, ask for additional training. One member of staff told us, "I have just requested to do my NVQ Level III in care."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were fully assessed prior to admission to the service and this was reviewed during their stay at the home.
- The service and environment had been tailored to support, encourage and enhance people's independence. Areas of the service had been created to replicate people's own home environment, such as mini staircases, smaller sitting areas and mini kitchen areas. This allowed people to practice and prepare for tasks they would need to carry out when they moved back into their own home. For example, clothes washing, preparing food and cooking their own meals.
- Corridors contained wall markers. These markers were a visual aid and had been placed to encourage people to achieve greater walking distances each day. We observed staff supporting one person and staff were heard to say, "That's really good [Person's name], you are doing great, look how far you have come since last time!"

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

- People were supported to maintain a healthy and balanced diet. People had a selection of home cooked

meals to choose from. One person told us, "The food is gorgeous, my plate is always empty when I am finished!" One relative we spoke with said, "My [Person's name] loves the food. They are diabetic, and the staff follow their plan."

- We reviewed people's daily food and fluid charts and noted one person was on monitored fluid intake. Staff had failed to 'total up' the amount of fluid intake for this person. This meant this person may not receive the recommended amount of daily fluid intake. We spoke to the registered manager regarding this and they agreed to address this issue with staff to ensure recording was more accurate going forward.

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

- A team of healthcare professionals reviewed each person's rehabilitation needs on a weekly basis. This team included care staff, occupational therapists; GPs; nurses and physiotherapists. Where necessary amendments were made to people's care plans to ensure they were receiving the right level of care.
- People had access to and were referred in a timely manner to other healthcare professionals for example Speech and Language Therapists (SALT). We asked one relative if their loved one was referred to healthcare professionals and they told us, "Yes, most definitely, [Person's name] was referred to the Stroke Team who are marvellous."

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, 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People and their relatives were involved in decisions about their care. Mental capacity assessments had been carried out and where appropriate, DoLS applications had been made to the local authority.
- Where people lacked capacity, records were made where decisions made had been made in people's best interests.
- Staff we spoke with understood the principles of MCA and applied this understanding whilst caring for people living at Eastwood Promoting Independence Centre.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception everyone we spoke with told us people living at Eastwood Promoting Independence Centre were well cared for and treated respectfully and with kindness. One person told us, "Staff are lovely, [Staff name] will come into my room and say, 'You haven't had a good sleep have you? Why don't you have a few more hours sleep and then I will get you some toast' – that's lovely!"
- We saw lots of positive and genuine interactions between staff and people. One healthcare professional told us, "The staff here are very passionate, they get to know people and work out the best strategies to support people to move on."
- People's religious needs were supported. A local visiting priest visited the service each week to offer communion to people if they wished.

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

- People had been involved in making decisions about their care. People and the relatives we spoke with confirmed they had been involved in decision making. Relatives told us they were always made to feel welcome when they visited their loved ones.
- Information about advocacy services was available. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Independence was fully promoted throughout every aspect of care delivered for people living at Eastwood Promoting Independence Centre. People were encouraged and supported to be as independent as possible. One member of staff told us, "Since I have started with intermediate care, I can see the difference for people coming in here and then going home. People come in here who can't walk, and they go home walking. It's great to know I have been part of that."
- Wi-fi access was available which allowed people to remain in contact with their family members and friends who may not live in the local area.
- People's right to privacy and confidentiality was respected

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were created with input from the people who used the service. Great emphasis was placed on setting clear and detailed goals for each person. This helped individuals to meet their desired outcomes and supported people to maintain or improve their independence. Whilst chatting one person commented, "Coming here is the best thing I have ever done. When I was in hospital I did nothing, no exercises, nothing. Since coming here I've come on in leaps and bounds!"
- People were encouraged to be as independent and healthy as possible. A range of activities were on offer for people to participate in. These included Boccia which is a type of carpet bowls, weekly quizzes and Otago exercises (Otago is an exercise programme designed to help and prevent falls).
- People's needs, and preferences were met. One person we spoke with told us, "I like to have a ciggy, staff help me to go outside so that I can enjoy a ciggy and staff have no problem with that at all."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. All complaints were logged and actioned in line with the provider's own policy. One complaint had been received since April 2018.
- Numerous compliments had been received from people, their relatives and friends. A thank you card from a relative included, "Everyone has been most kind, very caring and always helpful. Standards appear to be high and this is very reassuring when loved ones are being taken care of and worries eased."

End of life care and support

- At the time of inspection no-one required end of life care. Discussions were held with people during their assessment and their wishes were recorded in their care plan.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had failed to carry out regular supervision sessions with staff.
- The registered manager had failed to ensure staff had completed refresher mandatory training.
- The registered manager along with their staff, carried out a range of quality assurance audits. Any issues identified were noted and actions were in plan to address. However, these audits were not always effective and had not identified the gaps in training or supervision.
- The registered manager understood and was aware of the legal requirements of their role. The registered manager had ensured they had submitted statutory notifications to CQC in a timely manner.
- We spoke with the service manager who shared with us future plans to improve the package of care Eastwood Promoting Independence Centre delivered. This plan included moving the service from its current location to a more modern and up-to-date building, which would improve the facilities.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives spoke highly about the care people received at Eastwood Promoting Independence Centre. They told us of the positive impact the level of care provided had on their lives and how this contributed to their goal of attaining greater independence and returning to their own homes.
- Staff told us the registered manager was supportive, approachable and operated an open-door policy. Staff also told us the registered manager encouraged and listened to any feedback provided.

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

- Regular feedback was sought from people and this was via a 'post care' questionnaire.
- The registered manager held regular meetings with people which allowed for feedback to be gathered and for any ideas or suggestions to be noted and acted upon.
- Staff told us they attended regular staff meetings.

Working in partnership with others

- The service worked in close partnership with various agencies, one of which was the Queen Elizabeth Hospital. Part of this partnership working included the development of a 'trusted assessor model,' which meant the service could be assured they could meet people's needs.
- The service had recently received an award at a national awards ceremony for their effective joint

partnership working arrangements. This award reflected the success and continued increase in the number of people remaining at home following their discharge from Eastwood Promoting Independence Centre.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received supervision or refresher training as was necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a)