Eothen Homes Limited

Eothen Residential Homes - Gosforth

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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 17 March 2015 and was unannounced. A second day of inspection was announced and took place on 18 March 2015. We last inspected the home on 02 December 2013 and found the provider was meeting all legal requirements inspected against.

Eothen Residential Home Gosforth provides care and support for up to 37 older people. At the time of the inspection there were 30 people using the service.

All rooms were ensuite and had direct dial land lines. Wi-Fi and computers were available throughout the home for people to use.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

On the two days of the inspection the registered manager was not present so we were supported by the Chief Executive and two care co-ordinators.

The provider was not meeting the regulations for record keeping. Evaluations of care plans were completed which gave an update on people's needs. We found that changes in care needs did not routinely lead to a new care plan and risk assessment being completed. This means people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

People and their relatives told us they felt safe living at the home. Staff understood how to safeguard people from abuse and knew how to report any concerns. There was a variety of posters and leaflets available and on display around the home which included safeguarding, whistle-blowing, advocacy and dignity.

Accidents and incidents were reported and recorded and information was analysed for any trends. Referrals to other healthcare professionals were made if needed, including contact the emergency services or doctors.

Health and safety risk assessments, checks and emergency plans were in place. Following a visit by the fire brigade personal evacuation plans were being developed. Staff knew what to do to evacuate should there be a fire and all staff had received training and taken part in fire drills.

There were enough staff to meet people's needs. Staff did not rush people and spent time with them chatting and engaging as well as offering relevant support.

Appropriate recruitment procedures were in place. This included a formal interview process and a 'meet and greet' were interaction with people was observed. References and Disclosure and Barring Service (DBS) checks were completed before people were offered employment. The chief executive told us they were in the process of updating everyone's DBS checks.

Medicines were stored and managed safely. Staff received competency based training from the pharmacy as well as from the provider. People and their doctor had signed documents titled 'permission to administer homely medicines.' This gave detail on specific over-the counter medicines which could be administered. The dose of the medicine and the frequency was recorded. Where people administered their own medicines checks were completed to ensure they were managing this safely.

People were cared for by staff who were trained and knowledgeable. Staff told us they could request additional specialist training if it was needed. Some staff had attended training in supporting people whose behaviour may challenge services.

Staff said they were well supported. We saw they had received regular supervision and an annual appraisal. New members of staff completed an induction period and attended a probation meeting to review their performance after they had been in post for three months.

Staff had a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We observed staff seeking people's consent before they were supported. They actively involved people in decision making on a day to day basis. Where necessary authorised Deprivation of Liberty Safeguards were in place and these were being managed appropriately.

People's nutritional needs were being met. People told us the food was very good and we observed mealtimes to be a sociable and enjoyable experience for people. Where people had specific needs in relation to diet, appropriate professionals were involved such as dietitians or the speech and language therapy team.

People told us they were very well cared for and we saw warm and compassionate relationships between people and staff. Staff treated people with respect and were very aware of maintaining people's dignity at all times. Staff clearly knew people well and were able to respond appropriately to any requests for support and interaction.

People were involved in their annual reviews, as were their relatives. This was an opportunity to review all aspects of the person's life such as relationships, socialisation and interaction as well as the care they received.

Many of the activities and events on offer had been suggested by the people living at the home. There were

Summary of findings

two activities coordinators employed. People had been instrumental in maintaining contact with one of the activities coordinators who had moved to another Eothen home.

Everyone we spoke with knew how to complain but said they had no reason to.

People thought the home was well-led. We saw care coordinators worked alongside care staff and they were well known to people. The chief executive was present and was visibly supporting the staff team whilst the registered manager was off.

Surveys were completed annually and involved people, their relatives, staff and external stakeholders. Staff were complimentary about the managers and said they were easy to approach.

Regular staff meetings had been held and these were used for information sharing and sharing best practice as well as for ensuring tasks were actioned.

A variety of quality assurance audits were completed and generated action plans. Action plans were reviewed and any completed actions were signed off as such. The chief executive completed reviews which included seeking feedback from people and observing staff as well as reviewing documents. An external consultancy agency called Dementia Care Matters had also been employed to complete a review of the home and this was scheduled for the week after the inspection.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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. Staff understood how to safeguard people from abuse and information was readily available for people should they need to share any concerns.

There were relevant risk assessments for the management of health and safety risks and emergency plans were in place.

People told us there were enough staff and people were encouraged to meet and greet new applicants and be part of the recruitment process.

Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective. Staff said they were well supported and had received training to enable them to support people effectively.

The Mental Capacity Act 2005 (MCA) was understood and applications and authorisations for Deprivation of Liberty Safeguards (DoLS) were in place and managed appropriately.

People's nutritional needs were well catered for and people told us the food was very good.

People had access to relevant healthcare professionals as needed.

Is the service caring?

Good

The service was caring. People and visitors said they were treated with dignity and respect.

Staff involved people in decision making and asked permission before any support was offered. Staff explained what they were doing to support people and why they were doing it.

There was information displayed around the home on advocacy services and the dignity challenge.

Is the service responsive?

Requires Improvement

The service was not always responsive. Staff knew about peoples current care needs and supported them in a responsive way but records such as care plans and risk assessments did not always reflect people's current needs.

There were a variety of activities on offer and people were vocal about their interests. Two activities coordinators were employed and were proactive in providing opportunities for people to pursue their interests.

Summary of findings

People said they knew how to complain. One person said they were unhappy with the amount of time they had to sit in the dining area waiting for a meal. No one else we spoke with had any concerns or complaints.

Is the service well-led?

Good

The service was well-led. Care staff told us management were approachable and supportive. The chief executive had a presence at the home and was supporting the team whilst the registered manager was away from work.

It had been arranged for external consultants to complete audits in order to support the provider to develop a culture of continuous improvement, specifically in terms of supporting people who lived with dementia.

A variety of quality assurance audits were completed and had corresponding action plans which were reviewed and signed off as and when completed.

Eothen Residential Homes - Gosforth

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 17 March 2015 and was unannounced. A second day of inspection took place on 18 March 2015 and was announced. This means the provider did not know we would be visiting on day one of the inspection.

The inspection team included one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was submitted in August 2014. We also reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

During the inspections we spoke to nine people who lived at Eothen Residential Homes - Gosforth and two relatives and friends. We spoke with five staff, including care staff, care coordinators and ancillary staff. We also spoke with the chief executive, a best interest assessor and we contacted the local authority commissioners of the service.

We looked at four peoples care records and six staff files including recruitment details. We reviewed medicine records and supervision and training logs as well as records relating to the management of the service.

We looked around the building and spent time in the communal areas.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I'm happy here, it's safe and good." Relatives confirmed the home was safe. One relative said, "[My relative] is very safe here, no complaint's at all."

Staff understood how to safeguard people from abuse and were aware of the reporting mechanisms in place. Safeguarding and whistleblowing information was on display around the home. This included information on external contacts such as The Carers Centre, Voice UK, Mind, Victim Support and The Care Quality Commission.

The safeguarding policy included relevant information. This included the signs and symptoms of abuse, procedures for reporting, recording and investigating concerns, as well as information on staff recruitment and preventative measures.

An accident and incident file was in place. An analysis of certain accidents such as falls was completed. This included a summary and a breakdown of falls by day and night. Accident records included the type of accident and the severity. Comments and actions completed were recorded such as observations, contacting the emergency services, involving the district nurse and calling the doctor. Care staff said, "We would record incidents and it feeds into the care plans and risk assessments."

The management of risk policy had been reviewed in 2014. We found a range of relevant risk assessments had been carried out in relation to health and safety, such as moving and handling, medicine administration, fire and falls.

Appropriate health and safety checks were undertaken. A fire log book recorded daily, weekly and monthly checks on things like the emergency lighting, tests of fire alarms and door releases, torch maintenance and firefighting equipment. All necessary lifting operations and lifting equipment regulations 1998 (LOLER) certificates, gas safety checks, electrical circuit tests and portable appliance testing (PAT) information was in place.

Fire plans of the building were displayed around the home as were fire action plans. There was an emergency relocation procedure in place should people need to be evacuated from the home. The fire brigade had visited on 29 January 2015. They recorded that specific action needed to be taken with regard to emergency lighting repairs and reviewing the stay put policy. The care coordinator said, "We used to have a stay put policy but the fire brigade said this wasn't a good idea so we are removing it and putting personal evacuation plans in place." When asked about the current procedure for if there was a fire staff were able to describe the procedure in line with the policy. They went on to describe an evacuation process which was dependant on the location of the fire. Fire training was completed regularly. Night staff training was completed every two months and day staff training every three months. Quarterly fire drills took place.

Care staff said, "Yes there's enough staff, we pick shifts up to cover for sickness and holidays where we can." A care coordinator said, "Yes, we have enough staff to meet people's needs."

Four care staff were on shift to support 30 people during the day time with a care coordinator. People and relatives confirmed that there were enough staff to meet people's needs. During the night there were two care staff on shift and a care coordinator on call to provide support and guidance as needed.

Agency staff were used but checks were in place to ensure training was appropriate and monitored as were disclosure and barring service checks (DBS). We saw agency staff also completed an internal induction. The care coordinator explained they try and use the same agency and the same staff so they know the people they are caring for.

Recruitment procedures involved an interview process and 'meet and greets' where interactions between applicants and people were observed. Staff files confirmed that relevant references were sought and DBS checks completed. The chief executive explained they check people's identification, certificates and training needs. They added, "We are in the process of updating everyone's DBS check. We are encouraging people to sign up to the update service." The update service is a subscription service which allows people to keep their DBS certificates up to date on line and allows employers to check the certificate online. This speeds up the process for checking that applicants are suitable to work with vulnerable people.

A medicine policy was in place and included the ordering, receipt, storage and administration of medicines; controlled drugs; homely medicines; self-administration; medicine errors and training requirements for staff.

Good

Is the service safe?

The care coordinators and the night staff administered medicines. Staff files contained evidence of medicine competencies completed by the pharmacy and internally. Competency assessments included questions on the storage and administration of medicines, controlled drugs, refusal to take medicines and what to do if there was a medicine error. Feedback on the assessment was provided and comments on observations were recorded. Action had been taken where staff had not met the appropriate level of competency such as re-reading of procedures and refreshing knowledge.

Incident records were completed for any medicine errors and this included the doctor and the registered manager being notified. A responsive medicine audit being completed and staff being reassessed by the pharmacy.

A biodose system was used so all medicines apart from 'as and when required' medicines and creams were pre-dispensed into individual pods for people. Each pod contained the person's name and a list of medicines which matched the information on the Medicine Administration Records (MARs). MARs were pre-printed with all the necessary information. Where MARs had been hand written entries had been countersigned.

MARs included information on any known allergies, the person's details, and their room number. People's photographs were in the medicine file along with patient information sheets which contained details about the prescribed medicines including a picture of any tablets. These sheets were provided by the pharmacy.

Body charts were used to show where people needed to have topical creams or ointments applied. The care coordinator explained that creams and eye drops were administered to people in their rooms to ensure privacy and dignity was maintained.

We observed medicines were administered discretely and staff spent time chatting with people whilst observing them take their medicine before signing the MAR chart.

Where people administered their own medicines this was appropriately recorded and monitored to ensure they were safe and taking the medicine as prescribed. Care plans were in place and gave specific direction for staff involvement such as ordering medicines and signing entries to say medicine had been received, checked and provided to the person. Regular checks of medicines were completed to ensure safe administration.

People had documents titled 'permission to administer homely medicines' which had been signed by people's doctors and detailed the dose, the medicine and the frequency that homely medicines like simple linctus, gaviscon and paracetamol could be administered.

Good

Is the service effective?

Our findings

Staff told us they received "a lot of training" in moving and handling, fire safety, first aid and NVQs. They could also attend specialist training such as catheter care. Records confirmed that staff had received the relevant training to support people effectively. One staff member said, "It keeps you refreshed and up to date doing the training." Staff said they had received training in safeguarding and the mental capacity act. One staff member said, "We've had some challenging behaviour training. We can let managers know if we think we need some specific training."

Staff who administered medicines had been trained by the pharmacy on an annual basis which included competency checks. There were also in house checks and observations completed by care coordinators.

Care staff said, "We are well supported, supervisions are regular and we get an appraisal. They [care coordinators and manager] are always there and will come and help." Supervision records included a discussion around progress and any concerns, training, recommendations or actions needed and a review of the personal development plan. Supervision is a meeting between a staff member and their line manager to discuss work performance and address any concerns.

A supervision and appraisal log was in place and identified when meetings were due. It showed that staff received regular supervision on a three monthly basis and that an annual appraisal was held.

We saw that new staff had completed a full induction and a probation review meeting had been held after they had been in post for three months.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

Applications and authorisation's for DoLS were in place. Where they had expired the registered manager had contacted the appropriate people and a seven day authorisation had been granted. There was additional information to say that the restriction was to remain in place until the safeguarding team had completed a full assessment.

People's records included a log of actions taken in relation to DoLS applications. This included contact with the doctor and relevant professionals. During the inspection the best interest assessor visited the service to complete an assessment as an authorisation had expired.

A mental capacity act policy was in place and recorded that staff should involve people in decision making by seeking their consent and checking that actions were consistent with peoples care plans. It specifically mentioned that staff should assume people had capacity and should make decisions in people's best interests. Care staff understood this and supported people with decision making. This meant the registered manager and staff understood the Mental Capacity Act (2005).

Where people displayed behaviour that may challenge the service, referrals had been made to the challenging behaviour team. Care plans stated staff should assess the person's mood and be respectful and polite in their communication. Plans informed staff not to put themselves at any risk if people were agitated. Possible triggers to the behaviour had been identified and recorded, as well as a description of the behaviour the person might display if distressed and the action staff should take. There was information about the number of staff needed to support the person with specific things, how to distract the person from the situation and what they responded well to, such as dancing and music. Care plans directed staff to complete incident forms and record behaviour and actions. There was instruction to contact the behaviour team should staff become concerned or if behaviour escalated. Care staff told us that they had never had to use restraint with anyone but there was a policy on it. One staff member said, "On no, we would never restrain anyone."

Everyone we spoke with were complimentary about the meals. One person told us, "The food is very good." Care staff said, "Breakfast is very good, people can have whatever they want for breakfast." When asked about support needs one staff member said, "Some physical support is needed at meal times; we are there if it's needed."

Menus were on display so people knew what the meal choices were. There was a wide variety of options for people to choose from including continental and cooked breakfast options, two choices of hot main meals for lunch and evening meal plus a variety of alternative options.

Good

Is the service effective?

There was a mid-afternoon snack available and a menu for food that could be served between 6.30pm and 6.30am. Drinks, biscuits and cakes were offered to people mid-morning.

Lunchtime was observed to be a sociable and pleasant occasion. Tables were nicely set with table cloths, cutlery, condiments and matching crockery. People could choose to have their meal in the main dining room or in a dining area in the lounge. There was also a separate room which served multiple functions one of which was as a private dining space should people want to eat alone or with their visitors in privacy.

Hot and cold drinks were available for people while they waited for meals to be served and after the meal staff took pots of tea and coffee around for people to choose from.

People were offered a choice of meat or fish which had been pre-plated. There was a choice of vegetables which were served at the table by care staff and kitchen staff. People were able to choose an alternative meal if they wanted to and this was provided with no fuss.

Nutritional assessments were completed on a quarterly basis and reviewed the person's weight and BMI, their appetite and ability to eat as well as any stress factors associated with their diet. People were assessed as low, medium or high risk and the assessment directed staff as to any action needed. If a person had been assessed as high risk they were to be offered a high calorie, high protein diet including homemade nourishing drinks in between meals; food and fluid charts were to be completed and the person was to be weighed on a weekly basis.

Where people had been assessed as having swallowing difficulties we saw that referrals had been made to speech and language therapy teams (SALT). For one person the guidelines and advice given by SALT were available for the chef and for the care team. One person had been referred to the oral nutrition support and diabetes service. Progress notes included updates from dietitians where they were involved and staff were aware of people's needs.

Peoples care records included their food likes and dislikes as well as any allergies or special diets people may need.

Care records included information about visits from healthcare professionals such as doctors and nurses but also chiropodists, dentists and opticians. The reason for seeing the health professional was recorded as was the outcome of the appointment. Any updates or actions were passed on to staff at handover.

There was information in relation to contact with doctors for various things ranging from feeling unwell to completing mental capacity assessments to information about Do Not Attempt Cardiovascular Resuscitation orders (DNACPR).

Good

Is the service caring?

Our findings

One person told us, “I’m very content here. The girls are very good and kind. I'm alright – cosy.” Another said, “I’m well looked after here, much better than being on my own.”

We observed staff interactions were warm and friendly. Staff understood people’s needs and mentioned the person’s name when they speaking to them.

Before offering any support staff explained what they were doing and why. This was done in a discrete and respectful manner. Tone of voice was gentle and reassuring. Staff directed people in a confident way advising them where they should place their hands during transfers from comfortable chair to standing or to their wheelchair.

We observed staff gently explaining how to use the remote control for a chair to someone. This was to support them to stand so they could maintain their independence. Staff did not rush this person and showed a deal of compassion and patience when the person was finding it a complex task. A second staff member was requested to help and both staff worked well together with one taking the lead and the other awaiting instruction. Staff used ‘ready, steady, stand’ and explained to the person that they would support them to standing on ‘stand’. Staff explained what they were doing and asked if it was ok before they did it. The person said, “You’re lovely, you’re a lovely girl, thank you.” Staff explained they were supporting the person “to the bathroom.” Personal care was offered in a discrete and dignified manner.

Staff asked people’s permission before they did things such as opening and closing windows. They asked people if they were sitting in a draft or not and if they were comfortable. One person said their feet were cold and staff asked if they would like some socks. The person said they would and staff confirmed with the person that it was ok to go into their room and fetch the socks before doing so.

One member of staff saw a piece of paper on the floor in the lounge close to where a person was sitting. They picked it up and asked the person if it was ok to have a look at it before doing so. The person gave permission and they opened the piece of paper up saying, “I think it’s my work plan.” They showed this to the person and explained that they must have dropped it.

We asked care staff how they involved people in decision making and planning. Staff said, “People are either independent in their decision making or we might prompt people.” We saw that people were supported to make their own decisions and were offered choice. Minutes of residents meetings evidenced that people were actively involved in planning events and sharing opinions on the home which were listened to and responded to.

Visitors popped in freely and staff spent time with people and their family members offering updates on people’s health and well-being. They were offered cups of tea and coffee by the staff and by the people they were visiting. Staff referred to each person by name and knew what people’s favourite biscuit or cake was. Drinks were served in cups and saucers and staff made sure each person had a side table. Staff took time to position cups and saucers for people to make sure drinks were within reaching distance. If people needed support with their drink this was readily available and staff supported people in a discrete way.

The atmosphere was warm and relaxed and people were freely chatting and enjoying a laugh together. Visitors told us they thought people were treated with kindness and compassion.

People’s rooms were personalised with photographs, furniture and personal items. Everyone had a private landline in their room and could make direct dial calls in and out for privacy. There was WiFi available in the building and access to computers if people did not have their own. One person used their laptop to stay in touch with family and friends.

A pager system was used to alert staff when people had used the nurse call system. This was responded to in a timely manner with staff coordinating who would respond and who would remain in the communal areas with people. We saw staff knocked on people’s doors before entering.

There were displays in the communal areas of the home showing the day, date, month and year in order to orient people to the date.

Staff were busy but spent time with people and were not rushed in their engagements with people. People were very appreciative of the care and support they received and often thanked staff asking after their well-being and happiness.

Good

Is the service caring?

Information on advocacy services was on display around the home and people had ready access to advice if needed.

The principles of the dignity challenge were on display around the home, as well as other useful information.

A survey had been completed in 2014 with people and their relatives and overall it was felt that people were treated with dignity and respect and they were safe and secure.

Requires Improvement

Is the service responsive?

Our findings

Care plans had been written to reflect the support people needed with aspects of their lives. However some care plans were dated 2012 and 2013. There was a document called 'evaluation of care plans' which gave an update on people's needs and presentation and the care plan it related to. Some care plans had not been re-written in response to changing needs and circumstances. Therefore the information on how to care for people was out of date.

One person had a mobility care plan and associated risk assessment both of which were dated 2012. The care plan stated the person wore an elastic knee brace and needed staff to assist with putting this on. A review of the risk assessment in 2014 stated 'no changes to risk assessment.' It had however been recorded that following a physiotherapist assessment the knee brace was no longer needed. When asked the care coordinator confirmed this person no longer wore the brace. They accepted that the information on the care plan was out of date and no longer met the person's assessed needs. Care staff who were supporting this person were aware that the brace was no longer used.

We observed this person being supported from a recliner chair to standing. The staff member patiently explained to the person how to use the chair to support them to stand and provided support in a respectful and unhurried manner. The staff member quickly assessed the situation and asked another member of the team to support the person from the other side. The information on how to support this person to standing was not recorded in the care plan although staff clearly understood the person's needs and how to support them appropriately. When this was discussed with the care coordinator they understood that the care plan did not appropriately record how to support the person with their mobility needs.

One person had a care plan in relation to self-neglect which had been completed in April 2014. This contained information in relation to personal care and the environment in which the person lived. It was recorded that a doctor had been involved in April 2014 and they were awaiting an assessment. There was no evidence of the outcome of this assessment. When asked about this the care coordinator thought medicine had been prescribed. This had been recorded in the evaluation notes but there was no further information on support strategies or the outcome of the assessment recorded on the care plan.

One person had a falls risk assessment which was completed in October 2013. It was recorded that the person may now forget to use their walking frame and was at risk of trips. Control measures were identified as being to prompt to use the walking frame, be aware of the person's whereabouts, to document any accidents or incidents, to assess capacity as memory fluctuates and to review the moving and handling assessment regularly. The moving and handling assessment had been completed in October 2010. The risk rating was assessed as low and had taken into account risk factors such as level of concentration and the need to be supervised. The approach to support was that the person could mobilise with a walking frame. This assessment had been reviewed in 2010 but the next recorded review was July 2014 and October 2014. The moving and handling assessment had not been reviewed 'regularly' in line with the falls risk assessment.

Care staff were aware of changes to people care needs and were supporting people to meet their current needs. However, we found that people had not been protected against the risk of unsafe or inappropriate care due to out of date records such as care plans and risk assessment. This was a breach of regulations 20 (records) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(c) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Pre-admission assessments were completed and included people's medical history, care needs and an assessment of risk. Details also included the persons photograph, their religion and their next of kin details. Personal profiles were in each person's file and the person had signed the documents. These profiles included personal information on family history, the person's previous work and school life, their hobbies and interests, dreams, friends and important life events. This gave staff useful information about the person's background and key events which could be used for engaging with, and getting to know the person better.

Requires Improvement

Is the service responsive?

People had been involved in the care planning process and had signed their care plan documentation. If they were unable to do so it was recorded as such. Some people had signed to give consent to various things such as photographs being taken.

Progress notes were completed on a routine basis. If there had been contact with other professionals such as referrals to the challenging behaviour team this was recorded.

'Resident assessments' were completed on a quarterly basis and included a range of needs, such as mobility, personal care, communication, sleep, medicines, eating, pressure care and capacity to make decisions. One person's risk rating following re-assessment had increased and a new care plan had been written for the area of increased risk.

We saw a log which identified when people's care reviews were due. These were completed six weeks after move in and then on a six monthly and annual cycle.

Annual reviews had taken place and included a holistic view of the persons needs ranging from participation in activities, to relationships, current care needs and risks, mental capacity and advanced care plans. Advanced care plans are a means to enable people to share their wishes, needs and preferences in relation to good end of life care.

Comments from relatives attending reviews included, '[My relative] is safe, secure and happy, well fed and cared for. Staff continue to be extremely professional and understanding to [My relative's] needs and our family continue to be forever grateful.' There was additional space to record any actions or recommendations and these were signed by the person, the staff involved in the review and their relative. One person wrote on their review, 'Eothen is my lovely home and I am very happy here.' Another person told us, "It's very good here, not bad at all. I've no complaints, the girls are very good. I'm happy here, there's plenty of choice on offer."

Activities lists were on display around the home and included arts and crafts, hairdressers, a book club, music and singers, movement to music, going out for lunch, big screen picture quiz, football, photographs and name that tune. We saw there were themed events on display such as Mother's day and flowers from around the world.

Newcastle cat and dog shelter visited the home and took animals in for people to spend time with.

People enjoyed spending time outside. The external area and furniture were being re-assessed to see if any work was needed before the warmer weather. Staff said, "People have been making tiles with the activities coordinator ready for the new summer house."

There were two activities coordinators, one who worked a Monday, Wednesday and Thursday. The other activities co-ordinator had moved to another Eothen residential home but at the request of the people who lived in Gosforth they continued to work there on a Friday.

Residents' meetings happened on a quarterly basis and were very well attended. There were discussions about making birthday celebrations personal for people and making their dreams for the day come true. It had been arranged for one person to return to their place of work when they were twenty and to make sure they met with family members who were important to them. Data protection and consent was discussed as it had been suggested that a card with everyone's photograph on it be made for someone's birthday celebrations.

People had discussed the possibility of being involved in a local Christian radio station. Other people had said they would like a table tennis game to be purchased and this was noted as an action and had been completed.

Other things discussed included activities and planning for bonfire night, a gallery visit, and entertainment. People had also raised that lighting needed to be addressed and this was completed.

One person said, "I only have one complaint and that's that I have to wait in the dining room for lunch to be served." No one else we spoke with raised any concerns or complaints. Another person said, "I'm happy here, I'm well looked after, staff are kind, I've no complaints."

A complaints file was in place and the complaints form recorded the date the complaint was received and who by, who the complainant was and the nature of the complaint. The investigating person was noted as were the facts of the investigation and the outcome. A concern had been raised with regard to an agency staff member and their moving and handling techniques. This had been raised with the agency as a complaint and all future shifts involving this person had been cancelled. The complainant was informed

Requires Improvement

Is the service responsive?

of the investigation and the outcome and it was noted whether the complaint had been resolved. All complaints had been resolved in a timely manner in accordance with the complaints policy and procedure.

Good

Is the service well-led?

Our findings

There was an established registered manager in post although at the time of the inspection they were not present.

Everyone we spoke with said the service was well-led. One staff member said, "They [care coordinators and registered manager] are always there and will come and help." We saw there was an open door policy in the office. Care staff regularly popped in to share information, ask for advice and support or for an update on shift cover or holiday authorisation.

Care coordinators were seen working alongside care staff to support people as well as completing administrative tasks in the absence of the registered manager and managing medicines. The chief executive also had a presence in the home and was spending time there supporting staff whilst the registered manager was off.

A staff survey completed in 2014 showed that overall the staff were satisfied with the support and communication they received and recognition from the organisation and managers. One comment was, 'Managers are very easy to approach and talk to. X is a brilliant manager.'

Staff told us they were involved in quarterly team meetings. Items discussed included team working; the fire drill and the action to take in the event of a strike. Staff had been reminded of the need to ensure the window restrictors were in use and safe. There were minutes relating to health and safety, specifically hand washing and cross infection. The need to spend time with people getting to know them and their likes and dislikes and interests had been discussed and encouraged. Actions had been noted. For example, it had been agreed that commodes would be replaced and that staffing in the kitchen would be increased to offer additional help with breakfast trays.

There were separate staff meetings held for the night staff and discussions included training, infection control, shift organisation, medicine routines and the need to carry mobile phones in case of an emergency.

Ancillary staff who worked in the kitchens or as domestic support had meetings and discussed things like menus, the need to bake on a daily basis and the purchasing of items such as milk jugs or kitchen equipment. The domestic and laundry staff had discussed health and safety checks.

We saw minutes of managers meetings. We noted items had been discussed in preparation for changes to the health and social care sector such as the Care Act. Best practice was shared.

An action plan was in place to continue to develop reminiscence with people; to promote certain themes every six months and to review the format of care plans and introduce one page profiles.

A health and safety meeting had been held in December 2014 and the emergency lighting, and litter had been discussed as well as noting that the annual health and safety inspection was due in January 2015.

An activities meeting had been held which reviewed past activities that had been offered and recorded what people would like to do in the future. This included kite flying, a visit to Alnwick garden, a bake off, tea dance and a spa day as well as having talks on specific topics. These plans included suggestions that had been raised by people in the residents meetings.

We observed a handover between care coordinators who were leading shifts. This included an update on the managerial and administrative work that had been completed such as holiday authorisations, the rota and the need to ensure some future shifts were covered. They went on to discuss each person who lived at the home, their health and well-being and any appointments that needed to be attended or arranged. An additional handover had taken place between the care coordinator and the care staff when care staff changed shift earlier in the day.

Appropriate policies and procedures were in place. They all had an issue number and dates of reviews were clearly identified. There were policies and procedures on whistle blowing, supervision and appraisal, staffing levels, agency use, medicines and complaints as well as additional policies that supported the running of the home.

An overarching quality assurance policy was in place. When care staff were asked if there were any improvements needed to the management of the home one said, "No improvements are needed at all."

When asked about service improvement the chief executive explained, "Dementia care matters are completing assessments for us in the next week or so. This is really exciting and will support us to move forward and develop services for people living with dementia." Dementia care

Good

Is the service well-led?

matters are an organisation that works with providers to develop their culture and support person centred care. Their ethos is about 'getting it' and creating a culture where the service brings out the best in staff and people living with dementia.'

There were a vast range of audits being completed including health and safety which included fire safety; medicines audits; record audits of care information, audits of accidents and incidents and staff file audits. It had been raised in audits that care records needed to be updated. All audits were given a percentage for compliance and an action plan which included sign off when they had been completed.

The chief executive completed reviews of compliance with the last one being completed October 2014. We saw that actions identified in the preceding review were revisited and it was recorded that these had been completed. This review included complaints, incidents, people's records, staff records, peoples, relatives and staff comments, and an observational assessment of the environment. It was noted that the review completed in October 2014 had raised that action needed to be taken with regard to photographs, signatures and the need to complete weekly progress notes. Further actions included to renew and amend care plans if there were changes to people's needs not just to complete a monthly review. This had not been completed. The audit systems were effective in identifying areas for development but the work had not been completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People were not protected against the risks of unsafe or inappropriate care because accurate, up to date care records were not maintained. Regulation 17(2)(c).