

Park Homes (UK) Limited

# Eachstep Blackley

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Eachstep Blackley is a care home providing personal and nursing care. The service can support up to 60 people. The home has two nursing households and three residential households for people living with dementia across three floors. Each household is able to accommodate up to 12 people. Each household has a kitchen, dining and lounge area. All bedrooms have an en-suite shower, with adapted bathing facilities available on each floor. At the time of our inspection there were 58 people living at the home.

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

We have made a recommendation about the records held in relation to people's prescribed medicines. Issues related to the supply of stock was being addressed with the supplying pharmacist. Additional training on the new electronic systems had been arranged for staff.

People we spoke with felt enough staff were available. From our observations and staff feedback we found staffing levels provided little flexibility. Managers told us dependency levels were continually reviewed; staffing levels determined were reflected on the rotas.

People and their relatives spoke positively about the staff and the care and support provided. People said staff treated them with dignity and respect. From our observations, interactions with people and visitors were polite and friendly. People's relatives knew who managers were and felt confident in raising any issues should they need to.

Where possible, people and their relatives were involved in planning their care and support. Electronic care records were detailed and kept under review. Handwritten care plans and monitoring charts were not always kept up to date. Plans were in place to transfer information to the new electronic system.

Capacity assessments and best interest decisions were in place covering people's care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Activity staff were employed to facilitate activities and opportunities within the home. Participation varied depending on people's abilities. People and their relatives also had access to the dementia café and support club.

People's current and changing needs were met. Relevant healthcare support was provided to guide and support staff. People were encouraged to eat a healthy diet. Additional advice and support had been sought where people were at nutritional risk. Additional staff were to be provided at mealtimes to help assist those people who required support with their meal.

Safe staff recruitment procedures were in place. Staff said they worked with a good team that supported each other. Managers were described as 'visible' and said to provide good support. Opportunities for training and supervision were provided to support staff. Staff felt there was good communication and they were kept well informed.

Regular audits and checks were completed to monitor the service. Safe systems for the recording and responding to any safeguarding concerns and complaints were maintained.

Spacious accommodation was provided. Internal and external health and safety checks were carried out. Aids and adaptations were provided throughout to promote people's independence. The home was clean with further improvements being made to enhance the environment and furnishings.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was good, published on 9 July 2019.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our effective findings below.

# Eachstep Blackley

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Eachstep Blackley is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Eachstep Blackley is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced. Inspection activity started on 7 February 2023 and ended on 21 February 2023. We visited the service on the 7 and 8 February 2023.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 6 people who used the service, 9 relatives and 15 members of staff. These included the registered manager, deputy manager, nursing staff, senior care staff, care staff, domestic and laundry staff and volunteers. We also spoke with an advanced nurse practitioner from the 'Go to Doc' team.

We reviewed a range of records. This included care records, medication management, staff personnel files in relation to recruitment, monitoring systems as well as health and safety checks. Further clarification of staffing arrangements, health and safety checks and medication concerns were sought following our visit. This information was reviewed remotely.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Some people were unable to have doses of their prescribed medicines because the medicines were not in stock. The manager had recognised there were communication issues with the prescribers and the pharmacy and prior to the inspection had arranged a meeting with the supplying pharmacy to help resolve the issues.
- The electronic records about the administration of medicines were not always fully completed because the Wi-Fi signal in the home was not reliable. We were advised following the site visit this had been resolved.
- People were prescribed medicines to be taken "when required" or with a choice of dose. Some of the protocols in place to guide staff were not sufficiently detailed to ensure the medicines could be given consistently and safely or the correct dose could be selected.
- Time sensitive medicines were not always given at the times directed by the manufacturers and there was no evidence this had been risk assessed or discussed with the prescribers. If medicines are not given at the correct times or at the correct times with regard to food they may not be effective.
- We saw creams were not always stored safely.

We recommend the provider ensures accurate and complete records are maintained detailing how and when people receive their prescribed medicines.

- Electronic records were completed by support staff on the nursing households when they applied topical creams. This system was to be introduced on the residential households. Additional records were also completed to record the use of thickeners in a food and fluid.
- We observed the nurse and senior care staff administering people's medicines. This was done in a calm manner, staff explained what they were doing and observed medicines being taken. People told us they received their medicines as prescribed. We were told, "If I need any pain relief you just ask one of the staff and they will sort it out for you."

### Staffing and recruitment

- Staffing levels were determined using a 'dependency tool'. This was reviewed on a monthly basis, as a minimum. Levels were reflected on the staff rotas.
- A review of staff rotas showed an alternative shift pattern had been introduced, providing additional support in the evening to assist with people's night-time routines. We were told this was changed following feedback from night staff.
- From our observations and feedback received we found staffing levels provided little flexibility. Staff told us due to the shift change there were times during the day where there was reduced staffing levels, 'floating

staff' were supporting other households and senior/nursing staff were busy with medication, dealing with appointments and updating records.

- Staff on the residential household said they were able to meet people's needs 'most of the time'. Whilst on the nursing households, staff did not feel the shift pattern worked as well. Staff told us, "Some days it works and others not. Can depend on other households" and "One person needs 3 staff at times to assist with personal care, this means using staff from another household." Following our visit, we were told dependency levels across the 2 nursing households had been reviewed.
- We saw one person was sat at the dining table with a bowl of porridge in front of them for almost an hour, until staff came to assist. Staff were seen to be busy throughout this period supporting other people. Following our visit, the registered manager told us additional support at mealtimes was to be provided by auxiliary staff and members of the management team.
- Robust recruitment procedures were in place, with all necessary information and checks in place prior to commencing employment.

#### Assessing risk, safety monitoring and management

- Areas of risk to people's health and well-being were assessed and planned for. Guidance was provided to help staff minimise such risks and keep people safe.
- Records showed potential risks to people's health and well-being, such as poor nutrition, restricted mobility and the risk of falls and agitation were assessed. Records were regularly reviewed and updated where necessary. People told us they felt safe when staff assisted them to move around. One person said, "The staff are supportive, and I feel safe when they transfer me, they know what they are doing."
- Up to date servicing certificates were in place for the mains circuits and equipment.
- Internal checks were also completed by maintenance staff. These included; environmental checks, call bells and water temperatures. We noted action required to some emergency lights, were outstanding from November 2022 as the electrician was waiting for parts. The mains fire door to Woodlands household also required repair.
- Weekly and monthly fire safety checks were undertaken. Personal evacuation emergency plans (PEEPs) were in place and easily accessible in the event of an evacuation. Fire drills had taken place as part of the health and safety training.

#### Systems and processes to safeguard people from the risk of abuse

- Policies, along with staff training were available to guide staff in safeguarding procedures.
- Staff knew how to report any concerns of abuse and could describe different types of abuse.
- People told us they felt safe living at the home. We were told, "I feel safe everything is locked and people cannot wander around or get in" and "Staff are always around to help."
- People's relatives felt reassured their family member were kept safe. One person told us, "It's such a weight off my mind my loved one is here it gives me piece of mind I feel so lucky, and it was well worth the wait I now can go home relaxed."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. We found the home to be clean throughout. Domestic staff were allocated to a floor and had cleaning schedules to follow.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some of the furnishings were worn and could not be effectively wiped down and cleaned. We saw

these were being replaced.

- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People maintained contact with family and friends. Visitors were seen to come and go throughout the day. One visitor told us they visited their relatives several times a week, adding, "They make me feel very welcome. I visit every day and I even have my meals here sometimes."

#### Learning lessons when things go wrong

- All staff knew the procedure for reporting any accidents or incidents. Support staff would write in the daily notes and contribute to the incident report. All staff said incidents such as falls were discussed within the team to look at how to reduce the risk of a reoccurrence.
- A weekly 'safety huddle' was completed. Information was shared with staff in relation to health and safety, infection control, medication and areas of key learning.
- An upgrade to the Wi-Fi systems was being made. The registered manager told us this would help staff maintain accurate and complete electronic records.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- A thorough programme of induction, training and support was provided.
- Further face to face training was being sourced to support the e-learning. Training in the specific needs of people as well as clinical areas was also provided, these included diabetes, pressure care, catheter and stoma care, dementia care and falls.
- Staff told us they had the training and support needed to carry out their roles. An alert was sent when on-line training needed to be refreshed. Staff told us, "I feel supported, I can go to management with anything I need. I feel listened to. As a senior team we're very close and supportive of each other."
- All staff said they had regular one to one's and staff meetings. Staff meetings could be for seniors, nurses or whole staff team. Staff said they could raise ideas and concerns, and these would be listened to by the management team.

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

- Meal arrangements had recently changed with all meals now being prepared and cooked at the home.
- We received a mixed response about the meals. People told us, "The food is edible, and I can choose what I want to eat. The food isn't bad it keeps me going" and "The food isn't bad, not great." We saw visitors bring food in for their relatives at lunch time. One visitor said, "My loved one is not keen on the food, so I tend to bring food in as they love chicken."
- Staff had a good understanding of people's dietary needs and support needed. Where people were at nutritional risk, additional advice and support had been sought.
- Mealtimes were flexible depending on people's routines. We saw a number of people required assisted with their meal. Staff were extremely patient, explaining what the food was and offering encouragement. Additional support was to be provided so people were supported in a timely way, as referred to under safe.
- On the second day of our visit the service was inspected by the Food Standard's Agency (FSA), who regulate food safety and food hygiene. The service achieved a rating of 'five' (the highest rating).

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

- Suitable arrangements were in place to help people maintain their health and well-being. One person told us, "If I am unwell I tell the staff they ring for help and ring my family I feel I can talk to them all."
- Nursing staff from the 'Go to Doc' team visited the home twice a week. This service helps to review and monitor people's health conditions, prescribe medicines, as well as reduce the need for hospital admission.
- Senior staff spoke about how positive and supportive the visits were. The visiting nurse also told us,

"We've built up good rapport with the staff. They follow advice given; it's a good home."

- Care plans detailed where additional advice had been sought from other agencies. This included referrals to falls team, physiotherapists and podiatry. District nurses were also accessed to support the residential households, when needed.
- Monitoring charts were completed in nutrition, personal care and environmental checks, where specific risks had been identified. Accurate records had not been maintained for one person, helping to identify and acting on changing needs. This potentially impacted on the person's health and behaviour.

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

- Accommodation comprised of 5 households, each designed to accommodate 12 people. Each household has a communal kitchen, dining and lounge area, with single en-suite bedrooms.
- Households were spacious enabling people to move around safely. Aids and adaptations were provided throughout to assist people's mobility and promote their independence.
- Dementia friendly signage to bedrooms and bathrooms were displayed. Memory boxes to help people identify their rooms were not always used.
- Work was being carried out to update and enhance the environment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where possible people, their relatives and other professionals were involved in the assessment and planning of people's care.
- One person told us, "I don't want to live anywhere else now it took me a while to settle, time has helped me get used to it and the girls are great and helpful."
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where necessary capacity assessments were completed. Where people lacked capacity, decisions made in a person's 'best interest' were recorded. This included, care and support, medicines and the locked environment.
- We observed potential restrictive practice for someone at high risk of falls. We were told this had been discussed with the person's social worker and family. The 'best interest' discussion had not been recorded or included within the DoLS. The registered manager was liaising with the local authority regarding

additional support for this person.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- We observed positive interactions on all the households. Staff were seen to be patient, respectful and kind when speaking with people. Staff were observant when in communal areas and regularly interacted with people.
- On one household we observed how staff supported someone who was unsettled and agitated. Care staff calmly moved people away whilst the senior carer gently spoke to the person offering reassurance.
- All the people and family members we spoke with remarked how caring and supportive the staff were. People said the staff were good, gave them choices and were kind. They said, "It's a good place, staff are kind" and "They are always smiling that makes me feel good and I think of them as my friends."
- People's relatives also spoke positively about their experiences and the care and support offered from staff. We were told, "The staff make the home, there is nowhere better" and "My loved one has really settled in well, the staff are caring nothing is too much trouble."

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

- Not everyone was able to express their needs and wishes. Staff knew people well and were able to anticipate people's needs based on their expressions or behaviours.
- Where able, people told us they were able to make their own decisions. People we spoke with said, "I feel I can talk freely to the staff."
- People's relatives told us, "The staff are polite considerate and caring and easy to talk to", "The communication is very good, I feel included" and "Supportive to me, they [staff] will sit and chat, I'm always kept informed about everything."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, following routines of their own choosing. We were told, ""There's no messing around here you can do what you want I tend to stay in my room that's my choice, the staff know me well and listen to me" and "There are few people to converse with and I love reading and watching my TV."
- People were supported in a discreet and dignified manner. Staff supported people with their appearance. People were clean, tidy and appropriately dressed. One person told us, "The staff are so kind and respectful they knock on the door and call me by my first name."
- Care plans described the things people could do for themselves and where they needed support. Staff explained how they prompted people to do things for themselves where they could. One member of staff said, "Some people are independent; I prompt people to wash themselves and observe them to see they do

it ok. If needed I give them a hand or show them how to do it."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People were not always able to express their needs and wishes. Information was gathered from those who knew people well. This was confirmed by those family members we spoke with. One relative told us, "I feel fully involved in the care planning, communication is very good."
- An electronic care planning system was being introduced. These were reviewed on the nursing households. Information was detailed and had been regularly reviewed. Staff had a good understanding of the systems and said it worked well.
- Handwritten care plans were still being used on the residential household. Information was being transferred across to the new system. Whilst information had been reviewed we noted in some records changes in support had not been accurately reflected in the person's care plan. This was being followed up by managers.

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

- Activity staff were employed to facilitate activities and opportunities within the home. At present hours were reduced, therefore restricting the range of opportunities made available.
- Due to the level of need some people were not able to take part in group activities. The relative of one person said, "Compared to previous homes my loved one was never invited or encouraged to participate in activities, here they never leave them out. They may not be able to participate in most of the activities but can still listen."
- We observed activities on 2 households. The activity was themed around Valentine's Day and involved a "chocolate demonstration and decoration workshop." People joined in making chocolate hearts and decorating biscuits and appeared to enjoy themselves. The activity worker was also seen supporting people to and from the hairdressing salon on the ground floor.
- People's visitors told us they were able to maintain relationships with their family. One family member told us, "The home wrapped their arms around us as a family. I will always be grateful for the kindness, love and support we receive."
- The community café had not reopened since the pandemic. It was hoped this would reopen in the spring and provide a social setting for people living at the home, their family and friends as well as the local community.

Improving care quality in response to complaints or concerns

- Systems were in place for the reporting and responding to any complaints and concerns. Records showed all complaints had been investigated and responded.

- People and their relative knew who to speak with if they had an issues and felt confident they would be listened to. We were told, "I can talk to the staff they make time for me I certainly wouldn't suffer in silence."

#### End of life care and support

- People's wishes for their care at the end of their life and after their death were not always recorded. The registered manager stated many families did not want to discuss this and acknowledged this should be recorded.
- Do not attempt cardiopulmonary resuscitation (DNACPR ) and Respect forms (A Respect form records a patient's wishes about a range of care and treatments) were in place. These recorded if the person wanted to stay at Eachstep Blackley rather than going into hospital, if possible.
- A family room was available for people's relatives to use, should they wish to stay close to their relative when at the end of their life.
- The service was also working in partnership with MacMillan nurses, providing end of life training and clinical training in symptom management.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information about people's communication needs was contained in people's care plans.
- Staff were seen to interact with people in a way they understood and responded to.
- Eachstep could provide information in large print or other formats if required.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and deputy manager have worked at the home for many years and understood their role and responsibilities.
- The management team were aware of issues in relation to people's prescribed medicines. A meeting with the supplying pharmacist was held following our visit to address some of the issues identified. Further areas of improvement were to be addressed with support from the medicines optimisation team as well as further training for staff in the use of the electronic systems. This will help to ensure a safe system was in place.
- Since a change in ownership a number of new systems were being introduced to develop the service. This included the introduction of the electronic care planning system. This needed embedding across the service, so that accurate and complete records were maintained.
- Deployment of staff was to be kept under review so flexible support could be provided at core times.
- Managers ensured all events affecting the well-being and safety of people were notified to the CQC, as required by law.
- People's relatives told us they had confidence in the team. One person said, "I have had a few family members here, it has a good reputation, and the manager is approachable and available."
- Staff were kept up to date of people current and changing needs through daily handovers and the clinical risk meetings, which explored areas such as, admissions, readmissions, deaths, tissue viability, safety, nutrition, behaviour, medical issues, and falls.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All the staff we spoke with felt listened to through 1 to 1 meetings and staff meetings. Staff said managers were visible on the households, completing a daily walk round and asking how everyone was.
- Staff said the managers were approachable and would listen to any concerns they had. We were told, "[Deputy manager] and [registered manager] are so good, you can just go to them" and "I can go to management with anything I need, and I'm listened to."
- People and their families were encouraged to be involved. The notice board in reception advertised dates for resident/family meetings.
- Eachstep Blackley has a family forum, which meets once a month where families are invited to share

experiences or concerns and any concerns were addressed with the manager and resolved. This was confirmed by family members we spoke with, who said they knew the managers and had no concerns about raising any issues directly.

- The service had a 'dementia café', which is managed by volunteers who have or have had relatives live at the home. The café is a free service open to the community for carers and people living with dementia. The café runs twice a month and encourages people to drop in and share experiences a safe place.
- In addition, a relative also ran a 'family support group'. This was held once a month for families and people living at the home. This provided people with the opportunity to discuss, share any ideas or air any concerns.

#### Working in partnership with others

- The service supported nursing students, offering placements as part of the training.
- Staff said they had developed a good working relationship with the 'Go to Doc' team. We were told this was a 'brilliant service', responding quickly to people's changing needs as well as offering great advice and support to staff.
- The service had also been involved in several research projects around dementia care, infection control and falls. The service was to host the provider meeting to be held in April 2023.