

## Eco Wings & Nights Limited

# Eco Nights

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

The inspection took place on the 3 November 2016 and was announced.

Eco Nights provides a respite care service for younger adults who have a range of complex needs such as learning disability, autism and physical disability. At the time of our inspection 27 people regularly used the service for varying lengths of stays. There were two people using the service when we visited.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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. The registered manager was supported by a deputy manager to ensure the daily management of the service.

The service provided good care and support to people enabling them to live fulfilled and meaningful lives. People were supported by skilled and well trained staff who ensured people were safe. The registered manager and staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

There were sufficient numbers of staff available to meet people's individual needs. The registered provider had effective recruitment procedures in place to protect people from the risk of avoidable harm. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. There were safe systems in place for the administration of medicines and people received their medication as prescribed.

There was a strong emphasis on person centred care. Assessments were undertaken to identify people's care and support needs prior to them using the service. Care plans included people's preferences and individual needs and were regularly reviewed. The service also gathered information from health and social care professionals involved in people's care to ensure effective support and care was provided.

The service responded well to meeting people's diverse care and support needs. People were supported to maintain their daily routines and activities during their stay at the service.

There were effective systems in place to regularly assess and monitor the quality of the service provided. The registered manager was able to demonstrate how they measured and analysed the care and support provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs. There was an effective complaints system in place.

Staff felt valued, enjoyed working at the service and were committed to providing a high quality service to people.

## 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.

People were protected from abuse. Staff knew how to identify and raise safeguarding concerns.

There were effective recruitment processes in place which ensured staff employed were suitable to work with people who used the service.

There were sufficient numbers of suitably qualified staff to meet people's needs.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported.

Where required, people received their medicines safely and as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff received training, supervision and support to effectively meet people's care and support needs.

The registered manager and staff had an understanding of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to drink and eat enough. The service took into account people's preferences and any special dietary requirements. Staff understood how to meet people's healthcare needs.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and treated people them with kindness and compassion.

People's independence was promoted and staff encouraged people to do as much as they were able to.

Staff treated people with dignity and respect.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care and support that was personalised to meet their individual needs. The planning of people's care and support took into account the wishes of people using the service and their relatives/carers.

There were varied activities to support people's social and well-being needs.

The service had appropriate arrangements in place to deal with complaints.

### **Is the service well-led?**

**Good** ●

The service was well led.

There were systems in place to seek the views of people who used the service, and others.

Staff felt supported and valued by management.

There were systems in place to monitor the quality of the service.

# Eco Nights

## **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.

The inspection took place on the 3 November 2016 and was announced. We gave the service 24 hours' notice of the inspection to ensure the registered manager was available to assist us with the inspection. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

People using the service during our visit had complex communication needs and were unable to tell us their views and experiences so we used observation as our main tool to gain insight of their experiences.

During our inspection we spoke with three relatives, three members of staff, the deputy manager and the registered manager. We looked at a range of records including three people's care plans and records, three staff files, staff training records, staff rotas, arrangements for the management of medicines, a sample of policies and procedures and quality assurance information.

## Is the service safe?

### Our findings

Relatives and carers we spoke with told us they felt their loved ones were safe.

People were protected from the risk of harm and abuse. Staff were trained in recognising the signs of abuse and understood the importance of keeping people safe and protected from harm. The service had safeguarding and whistleblowing policies in place. Staff we spoke with were able to identify the different types of abuse and what action they would take if they witnessed or suspected abuse. They were aware that they could report any concerns to outside authorities such as social services or the Care Quality Commission (CQC) and felt confident to 'whistle blow' if they had to. 'Ask Sal' posters were displayed on the communal noticeboard and in the staff office. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns.

Risks to people's health and safety were well managed and staff had the information they needed to support people safely. Risks to people's individual safety had been routinely assessed and management plans were in place for people where risks had been identified. There were also risk assessments in place to support people to safely access the community. Staff accessed a computerised system to read people's care records and risk assessments. The system showed staff had read all the documentation around people's needs and risks. We noted that some risks to people and actions to mitigate these risks were contained in documentation other than the risk assessment. We discussed this with the registered manager and they confirmed to us following our inspection that they had scheduled a meeting with the deputy manager to ensure all risks are contained within the risk assessment documentation.

There were sufficient staffing levels to meet people's individual needs and to support them. People received support from a consistent staff team. The registered manager told us they did not use a dependency tool to assess staffing levels; they said, "We don't use agency. We look at the needs of people and, if we need more than two members of staff, we ensure additional staff are on the rota. The staff are flexible with their working patterns and we try and get the rotas completed a month in advance and ensure we manage bookings effectively." Staff told us that they felt there were enough staff and that they were not rushed or task focused when providing individualised care and support to people. During our inspection we observed that there were enough staff to meet people's needs.

An effective system was in place for staff recruitment to ensure people were safe to work at the service. This included carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. The recruitment procedure included processing applications, conducting employment interviews and seeking references. The recruitment records we looked at confirmed that appropriate checks had been undertaken. One member of staff told us, "I wasn't allowed to start before my references and DBS came through." Disciplinary procedures were followed if any member of staff behaved outside their code of conduct. This meant that people could be assured that staff were of good character and fit to carry out their duties.

People who had their medication managed by staff received their medicines safely and as prescribed from

appropriately trained staff. The registered provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. We carried out a random check of people's medication administration record sheets (MARS); these had been completed to a good standard. Training records confirmed that staff designated to administer medication had received appropriate medication training. The deputy manager regularly audited MAR sheets to ensure records were being safely and accurately maintained. Any medication errors were addressed to ensure people's medications were always managed safely.

People were cared for in a safe environment. Systems were in place for monitoring health and safety to ensure the safety of people, visitors and staff. We saw records of weekly fire alarm tests and evidence that equipment such as fire extinguishers and hoists were serviced and maintained. Accidents and incidents were reported on the provider's on line reporting system and were monitored by the manager and registered manager. This ensured that if any trends were identified actions would be put in place to prevent reoccurrence. There were processes in place to keep people safe in the event of an emergency. A personal evacuation plan (PEEP) had been developed for each person who used the service which provided guidance for staff and emergency services if people needed to be evacuated from the premises in the event of an emergency. Staff we spoke with understood what they should do in emergency situations.

## Is the service effective?

### Our findings

People were supported by staff who were well trained and supported. Staff told us, and records showed that they had received a thorough induction when they started working at the service which included shadowing other staff, an orientation of the building, fire safety and emergency procedures. Staff told us, and records confirmed that they had received relevant training in order for them to fulfil their duties and meet people's individual needs. The registered manager told us that staff had a basic understanding of Makaton and they were currently in the process of arranging Makaton training for staff. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate effectively by speaking. The registered manager told us that all new as well as existing staff were required to complete the Care Certificate. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field and covers 15 essential health and social care topics. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they felt supported and valued by the management team and said they received regular supervision and had an appraisal in place. Staff told us that management were always available for support and guidance. Records confirmed that staff received regular supervision and had an appraisal in place. This meant staff had a structured opportunity to discuss their responsibilities and to develop in their role.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager and members of staff we spoke with demonstrated a good understanding of their responsibilities in relation to the MCA and records confirmed they had received relevant training. Staff told us it was always important to gain people's consent before they provided care or support. They told us that people could give their consent either verbally, through body language or through communication aids such as using objects of reference or pictorial communication boards. Records we looked at showed appropriate assessments had been undertaken of people's capacity to make decisions and where appropriate 'best interest' meetings had been held; these meetings were attended by relatives/carers. During our inspection we observed staff asking people how they would like to spend their time and helping them to make choices. This told us people's rights were protected.

People were supported to maintain a balanced and healthy diet. People's nutritional needs were assessed before they began to use the service and this information was continually reviewed. People's care plans included details of people's food dislikes and likes and any cultural preferences. Staff used a variety of ways to support people to choose what they wanted such as pictorial menus and showing people a choice of food. Staff told us that there were alternatives if people did not want the food options on the menu.



Care plans contained information about people's healthcare needs and how to meet them. One care plan we looked at showed how the service was working closely with healthcare professionals to ensure they could effectively support the person's healthcare needs. Before each stay people's relatives were required to update the service of any ongoing healthcare issues. Staff told us that if a person became unwell during their stay that their relatives/carers would be contacted. In an emergency the person's GP would be contacted or, if required, an ambulance would be called. A relative told us how the service always contacted them if they had any concerns about their family member. We also saw records which demonstrated relatives had been contacted if staff had any concerns about people's health and wellbeing.

## Is the service caring?

### Our findings

The service had a strong visible person centred culture and staff had developed positive relationships with people and had a good knowledge about the people they were caring for. Relatives told us that they were happy with the care and support provided at the service. One relative told us, "Staff are caring and there is good banter; they really care about [name of person]. They are very good with them and I feel they [name of person] is happy there." Another said, "I know what [name of person] is like to care for and this can be scary and daunting but they really like going there; [person] likes the staff and their face lights up when they see them [staff]."

People were treated with dignity and respect. During our visit we observed warm interactions between staff and people and the atmosphere within the home was calm and pleasant. Staff were very knowledgeable about the individual needs of people and communicated with them effectively and showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. We observed staff approaching people face on and at eye level and using appropriate touch to reassure people when talking with them. Staff ensured people were included in what was going on. It was evident that they knew people well and had built up a caring relationship with them.

Staff treated people with dignity and respect. We observed staff calling people by their preferred names and staff gave examples of how they would support someone's privacy and dignity such as ensuring bedroom and bathroom doors were closed when delivering personal care and supporting people to maintain their personal appearance.

Independence of people was promoted by staff and people were encouraged to do as much for themselves as they were able to. One member of staff told us, "We encourage people to do things for themselves where they can and let them take their time, we won't rush them."

The service had information on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager told us no one was currently accessing advocacy services but they would support people to access advocacy when required.

## Is the service responsive?

### Our findings

People received personalised care that met their needs. Prior to using the service people's needs were assessed to ensure their care and support needs could be met and a care plan was developed to meet those needs. One relative told us, "We had a home visit [prior to using the service] and had an in depth discussion about what [name of person] can do for themselves and what help and support they needed." Records showed that people's care plans were reviewed every six months or when the person's needs changed. Staff told us, and records confirmed, that other people were invited to be involved in the care review process for example healthcare professionals, families and carers. Prior to an individual's stay at the service there were processes in place to ensure the person's care records were updated if there were any changes to their support and care needs. People's needs were discussed at daily handover meetings and at staff meetings. One member of staff said, "We have a handover at the end of each shift, this is both verbal and written and gives us [staff] an update on each person as well as sharing any concerns we may have." This told us that staff were kept updated of any changes to people's individual care and support needs.

Care plans were detailed and provided clear information about people's social, physical and health care needs. They were person centred, contained photographs of people and provided information on people's likes and dislikes, interests, hobbies and personal qualities. This information was also included in a 'quick reference' guide sheet which also included details of people's medication needs; this documentation was displayed in the office during people's stays. Where appropriate, behaviour management plans were in place in order to support people. These plans provided information and guidance to staff on how to recognise the triggers that could upset a person and how to respond to prevent any behaviours escalating and becoming unsafe. Training records showed that staff had completed Disengagement and Physical Intervention training to help them to support people with behaviours that challenged thereby ensuring their safety and the safety of others .

People were supported to participate in appropriate activities during their stay at the service. This included attending their regular day activities and keeping to their normal routine as much as possible. The service had access to a mini bus and a seven seater vehicle which enabled them to take people out on day trips, meals out and community events. Photographs of people participating in activities were displayed in the service and information about activities was displayed on a notice board in the main lounge. During the week of our inspection people had enjoyed a Halloween party and a local fireworks display. The registered manager told us that people were encouraged to participate in activities during their stay and that the staff strived to provide activities which people enjoyed however one relative told us they felt activities could be improved particularly at weekends. The registered manager and deputy manager told us they had recently developed questionnaires for people who used the service which included feedback on the activities. We saw from four questionnaires received in October 2016 that people enjoyed the activities provided and some people had put forward suggestions for activities they would like to do. The registered manager told us that a dedicated member of staff was responsible for the planning of activities and people's feedback would be used to inform future activity planning.

The service had a complaints policy. We noted nine complaints had been received by the service in the last

12 months. Records showed that these complaints were appropriately recorded and responded to. Relatives and carers we spoke with told us they felt confident they would be listened to if they needed to make a complaint.

## Is the service well-led?

### Our findings

The service had a registered manager in post who was supported by a deputy manager. The deputy manager had worked at the service for a number of years and was promoted to their role in August 2016. The deputy manager was being supported by the registered manager to become a registered manager with the Care Quality Commission.

Relative and carers we spoke with thought the service was well led. One relative told us, "Since the last inspection things have definitely improved. [Name of deputy manager] is taking on more responsibility and this works much better."

There was an open and transparent culture at the service. Records showed that accidents and incidents were recorded and reviewed and, where appropriate, changes were made to the service as a result of these. The registered manager had clear vision and values that were person centred and focussed on people being as independent as possible and having the opportunity to be active citizens in their local community. Staff shared this vision and told us they enjoyed working at the service and were committed to delivering good care and support to enable people to live meaningful and fulfilling lives. Staff told us, and minutes of staff meetings showed that they were encouraged to contribute towards the development of the service. Staff had also contributed to the development of the service's 'Quality Charter'; the registered manager told us it was important for staff to take ownership of the charter which had been developed with staff at a team building day.

Staff told us both the deputy manager and registered manager were visible within the service and were supportive and approachable. One member of staff said, "[Name of deputy manager] is happy to work with you whenever you need it and is always at the end of the phone if you need advice." Another said, "You don't have to wait until your next supervision if you want to discuss anything both [names of registered manager and deputy manager] are very approachable and you can contact them for advice or guidance at any time." Staff received regular supervision and team meetings to discuss people's care and the day to day running of the service. They also received the support and training they needed to develop in their roles and care for people appropriately. Staff told us there had been many improvements over the last few months since the deputy manager had been in post and that staff morale was high. One member of staff said, "Staff morale is the highest it's been in quite a while; we feel valued."

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people, for example, regular audits were undertaken on medication management and health and safety. Additionally spot checks and observations of staff practice were also undertaken. This showed that the service had a quality assurance programme in place which was effectively monitored.

The registered manager and deputy manager sought the views of people using the service through day to day conversations with people, relatives and carers and through questionnaires. The registered manager told us that they had previously requested relatives and carers to complete satisfaction questionnaires

following each young person's stay however the registered manager told us this process had been ineffective as questionnaires were not always returned. They said that since the previous inspection they had reviewed how the service could seek feedback more effectively and had introduced six monthly questionnaires. We saw responses received from relatives/carers questionnaires which were completed in October 2016; feedback was generally positive about the service. The registered manager told us they would be analysing the responses and an action plan would be developed to address any areas of concerns or recommendations for improvement.

The registered manager told us they accessed various websites to ensure they kept up to date with best practice and to keep themselves updated with any changes in legislation such as the Skills for Care and CQC websites. The deputy manager had recently joined a local carer's forum and told us this would also enable them to keep abreast of good practice, discuss challenges and keep up to date with legislation. Since the service's last inspection both the registered manager and deputy manager had attended workshops to increase their knowledge and understanding of CQC's new approach to inspecting adult social care services. The registered manager understood when notifications had to be submitted to CQC and we had received appropriate notifications from the service.

People's personal information was kept confidential and computers were password protected to ensure confidentiality.