

Eothen Homes Limited

Eothen Residential Homes - Whitley Bay

Inspection report

Park Gardens
Whitley Bay
Tyne and Wear
NE26 2TX

Tel: 01912970707
Website: www.eothenhomes.org.uk

Date of inspection visit:
13 April 2016
14 April 2016

Date of publication:
15 June 2016

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

This inspection took place on 13 April 2016 by one inspector and was unannounced. An additional visit took place on 14 April 2016 by one inspector.

Eothen is a Christian based care home providing care to a maximum of 35 older people. The home is situated in the centre of Whitley Bay, close to local shops and community facilities.

The service has a registered manager in place. She was on annual leave during 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 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.

People were supported with managing their medicines in accordance with their individual care and support needs. The service had safe systems in place to check that people were managing with their medicines.

People had individual risk assessments to support them with their independence and safety. In addition to individual risk assessments, the service also had a range of environmental risk assessments in place. Regular health and safety checks had been carried out in relation to the premises to support with promoting a safe and clean environment. Staff were also clear about the process to follow should an accident or incident occur.

Staff recruitment was robust and records showed all appropriate checks had been carried out. Staff were provided with regular training opportunities to develop their skills and knowledge and to support with their on-going development.

The registered manager had a process in place to assess staffing levels to ensure there was enough staff in place to support people. We saw that staffing was sufficient in numbers to meet with peoples care and support needs. People we spoke with confirmed staffing levels were sufficient.

People had access to a range of health professionals when required, including dentists, GPs, community nurses and chiropodists. Staff had a good understanding of how to support people with specific health related needs and how to promote health and wellbeing.

People were protected from the risks of harm or abuse because staff were appropriately trained in safeguarding. Staff had a good understanding of safeguarding procedures and understood what to do with any concerns.

We found that people were well supported with their nutritional needs. Menus were available which provided a choice of meals for each day. People we spoke with were happy with the choice and quality of meals available.

A range of activities were available for people to take part in each day. People were supported with access to the local community.

People were supported by caring and compassionate staff who clearly knew peoples needs wishes and aspirations. Relatives shared positive comments about the caring attitude of staff .

The service had a complaints process in place. People living in the service and their relatives were provided with information to support them to raise any concerns or complaints they may have.

The service had systems in place to check the quality of care people were receiving. A variety of audits were carried out covering areas relating to medicines health and safety, fire and support planning. Communication systems were in place and people were supported to share their views about the service.

The premises were suitably maintained and decorated to meet with the requirements and taste of people who lived at the home.

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 told us they felt safe. There were safeguarding policies and procedures in place.

Staff had received training in relation to safeguarding and keeping people safe and, were clear regarding any actions they needed to take to ensure people were kept free from harm.

Procedures were in place to ensure all staff were subject to proper employment checks before commencing employment.

Is the service effective?

Good ●

The service was effective

Staff were provided with regular training and were clear about their roles and responsibilities.

People were supported with decision making and staff were clear regarding their role and responsibilities in relation to consent and capacity.

People were supported to access health professionals to maintain and promote their health, wellbeing and nutrition.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and supported people showing dignity and respect and made sure people's choices and wishes were promoted.

Relatives were very positive about the care and support people received.

Is the service responsive?

Good ●

The service was responsive.

People had personalised support plans and were involved in the planning and the review of their care and support.

There was an activities coordinator in place and people were supported to access and participate in community links and activities of their choice.

Complaints information was displayed and people were encouraged to raise any concerns they may have about their care and support.

Is the service well-led?

Good ●

The service was well led

A registered manager was in post.

People and their relatives said the staff and manager were approachable and supportive.

People were consulted about the service.

There was a quality assurance system in place to check standards were being maintained.

Eothen Residential Homes - Whitley Bay

Detailed findings

Background to this inspection

This inspection took place on 13 April 2016 by one inspector and was unannounced. This meant the provider did not know we would be visiting. A further announced visit was made on the 14 April 2016 by the inspector to complete the 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.

Before the inspection, we reviewed information we held about the service. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that providers are legally obliged to tell us about. We requested a 'provider information return' (PIR) prior to this inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 12 people and observed their experiences. We also reviewed information we had received from third parties. For example, we contacted the local authority safeguarding team, the commissioning and contracts team, a Community Psychiatric Nurse and Health watch. The service provided us with contact numbers of relatives of people living in the service. We contacted five relatives after the inspection and were able to talk to three about the service. Their views have been used to support this inspection.

During the inspection we spoke with the deputy manager, the senior care coordinator, the senior care worker, three care workers, the cook and one member of the domestic team. During the inspection we looked at four people's care records including their medicines records. We looked at staff recruitment records, training and supervision records, maintenance records, certificates and quality audit records. We also reviewed records relating to the registration and management of the service.

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said "I'm much better here than when I was at home, I didn't like being on my own. I feel much better now". Another person said, "I feel very safe and comfortable here".

One person talked about how much she liked her room. She said, "I have my own en suite, my own telephone; I really have everything I need. It's much better here than where I was before".

We checked the management of medicines and observed a medicines round. Everyone living in the service was supported with the management of their medicines. Records were in place to show that medicines were checked regularly, signed in and out correctly, administered appropriately and returned to the local pharmacy, when required. Medicines administration records (MARs) contained clear detail relating to all medicines people were taking.

We saw that medicines were stored securely in a lockable facility. We checked the stock of medicines alongside recordings on the MAR; we found all stock held to be correct.

There were records in place for people receiving 'when required' medicines such as paracetamol. 'When required' medicines such as those given for pain relief are usually given to people to treat long or short term medical conditions or symptoms. Records were in place to show that staff received regular training about the safe handling of medicines.

There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse, and how to respond to any concerns people may have. . Staff also told us they had completed training in safeguarding and staff we spoke with showed a good understanding of the types of abuse, and what to look out for. Care workers were clear about how to report any concerns they may have. One care worker said, "I have done the training and I know what to do if I had any concerns. I would always tell the manager".

We reviewed the safeguarding log which was a record of any incidents that were reported to the local authority and to the Care Quality Commission. Providers are legally required to tell us about these type of incidents; they are reported to the Commission as a notification. Providers are legally required to tell the Commission. The deputy manager and the senior coordinator were clear about the types of incidents that would require reporting.

Accident and incidents were recorded and reviewed with clear detail relating to any actions that were taken. Records included information to indicate that staff were reviewing risk assessments and support plans to help with accident and incident prevention.

People had individual risk assessments in place to support with keeping them safe. For example, moving and handling, falls and malnutrition. Regular safety checks were carried out and arrangements were in

place to ensure the environment was safe and well maintained. Environmental risk assessments were in place. For example, fire risk assessments, legionella risk assessments, slips and falls. Regular health and safety checks had been carried out in relation to the premises, including the lift, portable equipment testing (PAT) and gas safety. Contingency plans were in place with detail for staff to follow should there be an emergency situation. This indicated that the manager ensured the safety of the premises. We spent time looking around the environment and saw that the home was clean and well maintained.

The service had systems in place to ensure people's finances were checked and kept safe. Records showed the details of people's accounts, and we saw a clear audit trail for all money coming in and going out, with receipts for purchases.

Staff told us about the checks that were carried out before they started their employment. Records within staff files demonstrated proper recruitment checks were carried out before employment commenced. These checks included employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is carried out to assess the suitability of someone who wants to work with vulnerable people. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. This meant the right staff were recruited.

People who lived in the service had no concerns about the number of staff. One person said, "Staff are always there when you need them". We spoke with the deputy manager and senior coordinator about the staffing levels and they told us there was enough staff to support people each day.

We saw that staffing levels were determined by a rating assessment, which was linked to the care and support needs of people. The deputy manager said, "We monitor this closely as the care and support needs of people often change, which can mean a change with staffing levels is needed". We looked at staffing rotas and they showed a consistent number of care workers covering each shift.

Is the service effective?

Our findings

The deputy manager and senior coordinator told us about the training provided for staff. A number of training records were in place which provided information about the areas of training staff had completed, and when training was planned to be refreshed.

Staff told us, "There is plenty of training for us". Another member of staff told us they had completed training in medicines, first aid, moving and handling, safeguarding and fire safety. Staff were also provided with a variety of specialist areas of training linked to supporting people with their specific health needs for example, dementia, equality and diversity, falls and mental capacity. Staff told us about additional training they had completed linked to the health related needs of people, for example, stroke awareness and catheter care.

We viewed training records and certificates in relation to the training staff had undertaken and found them to be up to date and well ordered.. We also looked at the induction process for new staff working in the home. The majority of staff had worked in the service for a number of years. One member of staff recently employed after a career break talked about their induction into the home. This person said, "The induction was great, but I already know the service as I had worked here before".

We looked at supervision and appraisal records and saw that staff had regular supervision meetings to discuss their performance and development. Supervision is a meeting where a manager and a member of staff will meet to discuss areas linked to their role, responsibilities, training and development needs. An annual appraisal is a meeting where staff are given time to look back at their learning and performance and to plan for future learning to support with their on-going development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We saw that mental capacity assessments around accommodation had been completed for people living in the service and the registered manager had made applications for two people under DoLS appropriately.

Information relating to appointees for people's finances was also kept. . For example, where people had an appointed Lasting Power of Attorney sometimes referred to as an LPA. An LPA is a legal document that lets a person appoint one or more persons (known as 'attorneys') to help with decision making on a person's behalf. Information relating to the LPA was stored within care planning information.

We talked with staff about mental capacity and promoting people's independence, choice and rights. Staff said they always asked for people's consent before carrying out any activity that related to their care and

support. One person living in the home said, "The carers always ask me what I would like them to do". Staff had an understanding of mental capacity and consent and had completed training related to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards also known as DoLS.

Staff told us about the links they had with medical professionals to support and promote people's health and wellbeing. Staff also told us about making referrals to health care professionals to maintain and promote people's health and wellbeing. For example, to the falls team if people were experiencing a number of falls.

Care workers were able to tell us about what they would do if a person needed to access health care and specialist services. Records we looked at had clear information about people's health needs and provided information where health professionals were contacted and when they visited people. One person said, "If I need to see the doctor staff will arrange this for me". People living in the service were well supported with access to healthcare to promote their health and wellbeing.

We spoke with relatives and they said, "Staff keep me up to date with anything about my (relatives) health". Another relative said, "The staff are very proactive in dealing with my relatives health issues, they always let me know."

The home had two areas for dining and people liked to choose where they wanted to have their meals each day. Some people preferred to have meals in their own room, one person said, "I like to stay here (in my room) to eat my meals. Staff will bring my meals to me".

Menus were available which provided a choice of meals for each day. Where people had difficulty with understanding the menus, staff showed people the choices of meals available on the day. This helped people to choose what they would prefer. One meal choice was roast turkey with cranberry sauce, sage and onion stuffing, mashed potatoes, roast potatoes, sprouts, swede and gravy. Desert was mandarin orange cheesecake. The vegetables were in tureens so people could help themselves. The meal looked appetising and well presented. Juice, teas and coffee were served during the meal and during other times throughout the day.

One person did not want the menu choice and asked for toast with butter and another person asked for ham and egg pie with salad cream. These requests were provided quickly by the cook. Staff were attentive to people's needs and asked people if they were enjoying their meals, and if people wanted more to eat.

Comments from people about the meals were very positive. One person said, "The meals are absolutely fantastic, she (the cook) always makes lovely things". Another person said, "The food is beautiful, it really is". "Everything is just right". One relative we spoke to was enjoying having a meal with his wife, he said, "I visit my wife regularly and we like to sit and have lunch together. The meals are really good".

We spoke with the cook about meal planning and preparation. The cook said, "I always give people what they want. If they do not like what is on the menu, they can have something else. I'm here for them". Food and fluid records were in place and the cook told us how she supported people with their specific nutritional needs. For example where people needed a low sugar or fortified diet. The cook also told us about reviewing and amending the menus to fit in with people's choices. "The menus come from head office and I will review them and include other meal choices that I know people like". Records within care files detailed people's preferred food choices.

The atmosphere in the dining room was very relaxed and people were supported (where appropriate) to enjoy their meal.

Is the service caring?

Our findings

People who lived in the home shared positive comments about the caring attitude of staff. One person said, "We get choice here, we can live how we want to live." "The staff are very caring. They really are wonderful". One person we spoke with said, "It is absolutely great here, you cannot fault it. The staff are lovely; they can't do enough for you. I am more than content here".

We observed positive interactions with staff and people living in the home. Staff were respectful to people and listened to them attentively. Staff felt they provided a happy atmosphere in the home and said, "The team work well, we are always respectful and remember it's their home".

A relative talked to us about the staff team, she said, "They really are very good. In fact, the whole way of life in here is ideal for late life".

Staff told us they encouraged people to be as independent as possible. One person said, "We know it can be hard when people move from their home into places like this. We want to give people help but we also want to promote their independence". Staff felt they provided a happy atmosphere in the home and one care worker said, "The team work well together".

Relatives were also complimentary about staff. Comments included, "Staff are very, very good. My relative settled very well when she moved into the home, they helped with that" and "The staff are lovely, they do anything and everything". Another relative said, "I think one thing they could do better is involve me in the review of my relatives care and support needs".

We spoke with a health professional involved with the service. She said, "Staff are very proactive and will contact me straight away with any concerns. People living in the home are well cared in my opinion".

Staff talked about promoting privacy and said they always made sure people's privacy was promoted at all times. One care worker said, "It's important especially when delivering personal care. I will stand outside the door until people are ready for me to come in and help them".

The home had an appointed dignity champion whose role was to promote areas of good practice, keep up to date with national and local initiatives and share any updates relating to dignity. Information relating to dignity was displayed in the main foyer of the home for people to access.

Staff we spoke with knew people well and were aware of their wishes and preferences. Care planning information contained specific detail relating to people's social history, this information helped staff get to know people better. We observed people were supported with their care and support needs in a discreet and sensitive manner.

Visitors were coming and going throughout the day and people appeared happy and content.

The home had information regarding advocacy services providing details of people to contact should people want to access the service. No one was currently using advocacy services.

Is the service responsive?

Our findings

People were participating in craft activities during our visit. One person told us, "There is always something going on. Sometimes I will go down to take part but I do like to spend my time in my room". Another person said, "I love to go into the garden, it's beautiful. As soon as the sun is shining, I'm out there". A third person said, "I wish they had table tennis here".

Relatives said staff always kept in touch and they were kept well informed about their relative. Relatives also said they were invited to relatives' meetings and planned events taking place in the service. One relative said, "The home always invites me to the annual garden party. There are things to do and (my relative) has the option if she wants to take part". People had regular contact with friends and family members outside of the service. One person said, "I see my family all the time". Another person said, "I have a couple of friends that always visit me, its lovely to see them". Visitors were coming out throughout the day of our visit.

Eothen is a Christian based home situated in the heart of the community. One relative described the home as 'a hidden jewel'.

The activities coordinator talked about people having opportunities with practising their faith each day. Each day the activities coordinator arranges morning prayers, bible reading and hymn sessions. This is known as the 'daily devotionals'. People looked forward to the daily devotional each day, we observed the service which was very well attended.

People had individual care plans in place with clear detail about how they preferred their support to be provided. Care planning documents were in place for areas such as social activities and contained detail about what people liked to do. Other areas of care planning were specific to people's assessed needs and included care planning linked to spirituality, mobility, communication, capacity and decision making. Review meetings were planned to discuss any changes and records showed that people were also involved with making any changes to their support plans. One relative said "Staff always communicate with us and let us know about anything important".

A number of risk assessments were in place, for example, falls, moving and handling and nutrition that were used to develop care plans and to promote people's health and wellbeing, and to keep people safe. Records were regularly reviewed and updated to reflect people's current needs.

We contacted Health watch who had conducted an 'enter and view' visit to the home in September 2015. Health watch is the national consumer champion across health and social care. The role of Health watch is to champion people's views and ensure they are heard by people who deliver commission and regulate services.

The report had a focus upon meaningful activities and stated that people's expectations about the activities being provided were being met higher than their expectations.

The service had a complaints process and people said they would tell the managers if they had any concerns. Complaints information was displayed in the main areas of the building and discussed informally

during resident and relatives' meetings. People knew how to raise any concerns if they were unhappy about their care and support or the service. Nobody we spoke with had any concerns. One person said, "I would talk to (staff member's name) if I needed to". Another person said, "I have absolutely no complaints with here".

Family members knew who to go to with any concerns about their relatives. One relative said, "I have had no concerns about (relative's name) or anything with the home". Another relative said, "The staff let me know, I have no complaints".

Is the service well-led?

Our findings

The service had a registered manager in place. The registered manager was on annual leave during our visit to the home. We liaised with the deputy manager during our visit and the operational manager after our visit.

Staff working in the service appeared to be well motivated and told us that Eothen was well managed. Comments included, "Staff work well together, there are sometimes a few little niggles but nothing of concern" and "We are a good team, and we just get on with things". Staff told us the registered manager was always available and approachable and staff said they felt well supported. One member of staff said, "The management are great". Another member of staff said, "Her door is always open". One member of staff said "Morale is generally ok, there have been some changes in the home and we try really hard".

One person who lived in the service said, "She (the manager) is good, she gets things done. I asked her about getting my room done and she got it sorted straight away". Another person said, "She sorted a chest of drawers for me".

We contacted a health and social care professional involved with the home. She said, "It seems to be well run and clean and staff are receptive to learning".

The registered manager had systems in place to ensure meetings were held with all staff. These meetings were planned to discuss and share information to support with developing staff practice, skills and knowledge, and to update staff regarding any changes relating to the organisation. We reviewed the records and saw that areas for discussion included person centred care, flexibility relating to mealtimes, and updates relating to changes within the working patterns and the organisation.

The service also held meetings for people living in the service and their relatives. These meetings were held to consult with people about activities and planning for annual events; menu suggestions and appointment of new staff. Newsletters are sent to people providing information about events and news about the service.

Annual questionnaires were sent out to people who used the service, their relatives and to members of staff. Information from these questionnaires was analysed and shared with people, this helped people to understand what the service was doing well and where improvements were needed. Information from questionnaires was found to be generally positive.

There were communication systems in place within the service and we observed the staff 'handover'. This is a process for sharing key information prior to and after the changeover of staff. This helped staff to keep up to date and provided key information where people's needs may have changed. Staff we spoke with said, "Communication in the home is not always good. We don't always get told everything".

Staff wellbeing surveys were also carried out by the organisation. The survey gathered information in relation to working hours, the environment, and support arrangements.

Checks were also carried out on people's support plans. These checks involved staff reviewing records on a

daily, weekly and monthly basis. This helped staff to ensure that recorded information was up to date and relevant and helped staff to identify any changes that may be needed to ensure people were provided with the right kind of support.

The service had systems in place to check the quality of care people were receiving. A range of audits were carried out covering areas relating to medicines, health and safety, fire, complaints, accidents and incidents, falls, support planning and risk assessments. The provider also carried out quarterly quality audits, to support with developing the service.