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Eastbank

Inspection report

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Date of inspection visit:
26 September 2016

Date of publication:
20 October 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

Eastbank is located in Hereford, Herefordshire. The service provides accommodation and care for up to seven people with learning disabilities, physical disabilities and dementia. On the day of our inspection, there were seven people living at the home.

The inspection took place on 26 September 2016 and was unannounced.

There was a registered provider in post, who was also the manager; there was not a legal requirement of this service to have a registered manager in post. Registered providers and registered managers 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 involved in decisions about how to keep them safe. People's individual support needs were assessed and staff knew how to keep people safe. People were supported by staff about how to recognise abuse or harm and how to report this.

People enjoyed their freedom and were supported to maintain this, whilst keeping safe.

People received their medicines safely and as prescribed.

People were supported by staff who were trained to meet their needs. People had the right to make their own choices and these were respected.

People received specialist input from a range of health professionals, where required. People's health was maintained, which included supporting people with eating and drinking.

People felt accepted by staff. There was an inclusive culture in the home, which recognised and celebrated differences.

People were involved in decisions about their care. People's changing health and wellbeing needs were responded to.

Feedback, comments and complaints were captured and used to make improvements in the care people received.

The manager was respected by staff and had good relationships with people living in the home. The manager routinely monitored the quality of care provided to people. There were established links with the local community, which were used to benefit 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 is safe.

People were involved in decisions about how to keep them safe. People's individual risks associated with their care were known by staff. People's freedom was promoted, whilst keeping them safe.

People received their medicines safely and as prescribed.

Is the service effective?

Good ●

The service is effective.

People were supported by staff who understood their needs and how to support them. People were encouraged to eat and drink well, and were supported in maintaining their health.

People's choices were respected.

Is the service caring?

Good ●

The service is caring.

People enjoyed positive relationships with staff. People were involved in decisions about their care. People's communication needs were known by staff.

People were supported by staff who valued diversity. People's privacy was maintained.

Is the service responsive?

Good ●

The service is responsive.

People's changing needs were responded to. People were encouraged to maintain their hobbies and interests.

People's views and comments were listened to and acted upon. There was a system in place for capturing and responding to complaints.

Is the service well-led?

Good 

The service is well-led.

People, relatives and staff were positive about the manager and the running of the home. The manager had oversight of the quality of care provided and ensured standards were maintained.

The manager had established links with the local community, which people benefited from.

Eastbank

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.

We made an unannounced inspection on 26 September 2016. The inspection team consisted of one Inspector.

We contacted the local authority before our inspection and asked them if they had any information to share with us about the care provided to people.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We observed how staff supported people throughout the day. We spoke with three people who lived at the home, the manager and two staff. We also spoke with three relatives and one health professional. We looked at two records about people's care, which included risk assessments and healthcare information. We also looked at the medication administration records, quality assurance audits that were completed by the manager, and the complaints and comments the service had received.

Is the service safe?

Our findings

We looked at how the provider involved people and their relatives in decisions about how to keep them safe. People and their relatives were involved in discussions about risks associated with their individual care needs. For example, one person's mobility issues meant they found it difficult using the stairs and it was no longer safe for them to do so. As a result, the provider had discussed the matter with the person and their relative and arranged for a shower to be installed in the person's bedroom. This meant the person did not need to use the stairs to get to the bathroom. We spoke with the person's relative, who told us, "(the manager) has put so much in place for (relative) to make them safe and comfortable."

There were individual risk assessments in place for people in relation to areas such as cooking meals, using public transport and finances. Where possible, risk assessments were completed with people. For example, one person needed help with budgeting. They agreed for staff to keep an amount of their money in the office so they did not overspend. However, the person could ask for this money at any time, or say if they did not want staff to keep any of their money that week. Staff we spoke with were knowledgeable about people's risk assessments and how to keep them safe.

Where necessary, the manager sought advice from healthcare professionals about people's safety. We spoke with an occupational therapist, who told us the manager had contacted them for advice and input regarding a person who now required a hoist. They told us that the manager had been very open to advice on how to keep the person safe whilst supporting them with this equipment.

Staff and the deputy manager explained how they kept protected people from avoidable harm and abuse. One member of staff told us how important it was to raise people's awareness of what harm and abuse is so they could be aware of what was acceptable and unacceptable treatment of them, and of others. They told us, "I educated myself about safeguarding so that I could educate them." People we spoke with told us that staff asked them to always let them know if they had any concerns about abuse or harm, or that they could contact the Care Quality Commission or the local police. Staff were knowledgeable about the different types of abuse or harm, and how to report any concerns.

We saw that consideration was given to protecting people, whilst maintaining their freedom. The manager told us that the home offered the security of a residential base, but all the benefits of an independent living service. One way of maintaining people's freedom whilst keeping them safe was that people were asked to phone staff if they were out and knew they would be late coming home. We spoke with two people who enjoyed going out a lot. They told us they rang staff to let them know their whereabouts and when they would be home, but that staff did not try to restrict them. One person told us, "I go out as much as I like."

People told us there were enough staff on duty at any one time. One person told us, "There are always enough staff around." Staff told us about the importance for some people to know the staff rotas, so a photo board was displayed for people. One member of staff told us about a person, "Routine is very important to them. They need to know who is coming in, and when." Staffing levels were determined by the needs of the people living at the home, and were flexible according to how many people would be at home that day and

what they needed support with; no agency staff were used at present. This ensured consistency with people's care.

Staff members told us that before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care.

People told us they received their medicines when they should and that their medicines were reviewed. One person told us, "I was on two tablets a day, but it has gone up to three. They keep an eye on me and talk to me about how I am getting on with them (tablets)". We saw that the medicines were kept securely and that they were all clearly labelled; there was no overstock of medicines. Staff told us they had all received medication training before being allowed to administer people's medicines. Competency checks were carried out by the manager to ensure medicines were being given safely.

Is the service effective?

Our findings

Relatives we spoke with told us the staff were knowledgeable about how to care for people and meet their needs effectively. One relative told us how skilled staff were at caring for people with dementia. Another relative told us they were impressed by staff's understanding of epilepsy. They told us, "They (staff) are very good with the epilepsy side of things. They seem to know all the triggers and all the signs."

Staff told us they received ongoing training and managerial support in their roles. The training staff received was relevant to the needs of the people living at Eastbank. For example, 'Dementia Friend' training had been organised in response to people's changing needs and the need to ensure staff were able to continue to support people effectively. Staff told us they had received training in other areas such as epilepsy and nutrition and diet, which helped them to meet people's needs. We spoke with a new member of staff about their induction. They told us that they had completed training on areas such as safeguarding and medication, as well as working alongside more experienced staff members for a period of time. This was to enable them to get to know the people living at Eastbank and how to support them.

We looked at how people were supported with eating and drinking and how a balanced diet was maintained. We saw that people were encouraged to stay hydrated. One person's condition was made worse by dehydration, so staff encouraged this person to drink plenty. Where people had required specialist input from Speech and Language Therapy (SaLT), referrals had been made and their recommendations had been followed. We saw that people were involved in decisions about the menu choices. On the day of our inspection, there were three choices for people for their evening meal. Menu choices were discussed with people on a weekly basis and people's individual preferences were catered for.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

We looked at how the MCA was being implemented. Staff had a good understanding of the Act and how its key principles impacted upon their day-to-day roles. Staff told us the importance of giving people choices, and respecting the choices they make. They told us this included decisions which may appear unwise. The manager told us, "What's best for a person is what they themselves think is best. We mustn't try to overtake their lives." At the time of our inspection, there were no DoLS in place for anyone living at Eastbank. This was because people either had capacity to make their own decisions, or no restrictions were necessary. However, the manager and staff told us that one person's condition had recently deteriorated and as a

result, a capacity assessment was due to be undertaken. The manager and staff told us a best interest meeting may need to be arranged for the person, their relative and health professionals about a particular decision regarding relating to their care.

People told us they had access to healthcare professionals and were supported to maintain good health. A relative we spoke with told us, "They (staff) are very good at arranging doctor's appointments and sorting out any health problems." "We saw that people were supported to access a range of health professionals, including opticians, dentists and psychiatrists. People also attended annual "Well-Man" and "Well-Woman" checks to ensure their overall health was maintained.

Is the service caring?

Our findings

People and relatives told us they were happy with the care they received, and with their relationships with staff. One person told us, "I am very happy here. Staff look after me, but we have a good laugh as well." A relative we spoke with told us, "(Relative) is in the best possible place. The staff are very good, absolutely lovely, and they can't do enough for people."

Staff we spoke with were knowledgeable about people living at Eastbank, both in terms of their care needs as well as their individual likes, dislikes and preferences. We observed that people were relaxed and comfortable with staff and that they enjoyed their conversations with them. Staff we spoke with were positive about the people they cared for. One member of staff told us, "I love coming to work and making a difference for the people living here."

People were involved in decisions about their care and support. For example, one person told us they liked to listen to their television loudly and this was often late at night. In order to accommodate this without causing too much noise for other people living at the home, it had been agreed with the person that they would move bedrooms. The person told us their current room was much better and it meant they didn't have to worry about being quiet when other people were asleep.

We saw that people's care plans were completed with them, or with their relatives. Relatives we spoke with told us they were involved in this process, and in any subsequent reviews of their relatives' care. People's care plans contained information about how they wanted to be supported and what particular care they needed. Staff we spoke with were familiar with the contents of people's care plans and what specific support people needed.

We looked at how staff communicated with people who did not express themselves verbally. Staff told us that one person communicated by using some sign language. They told us the importance of offering the person two different choices or options at a time, so the person could indicate a yes or no response. Staff told us the importance of knowing people well and how they communicate. One member of staff told us, "We know [person's name] inside out and we can tell if there is a problem." The staff member gave some examples of how staff had recently known the person had not been feeling well and how they communicated this to staff. Staff and the manager knew how to access advocacy services for people, where required. Although no one living at Eastbank had an advocate in place at the time of our inspection, this was something which was kept under review.

People were encouraged to maintain as much independence as possible. This included being involved in preparation of meals for people living in the home and preparing their own food. One person told us they enjoyed helping out with some maintenance tasks in the home, such as cutting the grass. They told us they liked the fact the manager and staff trusted them with that job. The manager told us that one person had recently been supported with buying a mobile phone, which was important to them as it gave them some more responsibility and independence. We spoke with the person, who told us the phone helped them to be independent as they could make phone calls whenever they wanted. They told us, "It means I can say to

staff I am going out now but don't worry, I've got my phone with me!"

People told us, and we observed that, diversity was embraced at the home. One person liked to express themselves by dressing in a particular way. They told us, "They (staff) accept me for who I am. I can be myself, here. They never try to change me." Staff we spoke with told us it was important to give people the confidence to live their lives the way they choose. One member of staff told us, "Who are we to say anyone's lifestyle is wrong?"

Staff explained to us the importance of promoting people's dignity. They told us that one person sometimes left the home looking unkempt, so they provided encouragement to the person in regard to their personal care and appearance, whilst respecting their choice in terms of what they wanted to wear. People told us they had privacy when they needed it. One person told us they could speak to their relatives in private when they visited. Another person told us they could spend time in their bedroom without being disturbed, which was important to them.

Is the service responsive?

Our findings

Relatives we spoke with told us how the service had adapted to meet people's changing needs. One relative told us their relative needed more sleep and rest than they used to, which staff understood and made sure the person got the rest they needed. They told us, "The staff are excellent. They know when to motivate [relative], and when to let them rest." Another relative told us, "The staff are very clued-up. They notice any changes, any deterioration. It's reassuring." We saw that staff had created a memory box with one person, with input from their relative. This was used before the person's relative visited or rang so that the person would be able to recognise their relative. We spoke with the relative who told us they felt this was a useful aid for the person and they were pleased staff had responded to their relative's needs in this way.

We found that people's changing health and wellbeing needs were responded to. For example, staff had been concerned about a change in a person and the fact they seemed to be having difficulties with their memory and with recognising people and places. We saw in this person's care plan that, as a result of staff raising their concerns, an assessment had been carried out by a health professional. The person had been given a diagnosis of dementia. Staff told us it was important to be vigilant to any signs of changes to people's needs, as not everyone living at Eastbank were able to tell staff if something was wrong.

People told us, and we saw that, they were encouraged to maintain their individual hobbies and interests. On the day of our inspection, one person was out doing their voluntary work, and another person went out later that day to attend a local college. One person we spoke with told us they were looking forward to playing in their darts team that evening. Staff chatted to this person about their interest, which they enjoyed. Another person told us they enjoyed going to the library and to a local café. Relatives we spoke with told us their relatives were encouraged to stay as active as possible. One relative told us, "They take people out as much as possible, they don't keep people indoors."

People and their relatives told us they would approach the manager if they had any concerns or complaints about the care they received, but that they would feel comfortable approaching any member of staff. Where complaints had been received, we saw that these had been investigated by the manager and that as a matter of course, the person raising the complaint was invited to a meeting to discuss the investigation and the outcome.

People were encouraged to make comments and suggestions about the running of the home. The manager held residents' meetings with people to gather their feedback and listen to their views. We saw that as a result of feedback received, improvements were being made to the garden so that this could be used more by people and their relatives.

Is the service well-led?

Our findings

People were positive about the manager and the running of the home. One person told us, "I don't know what I would do without [manager's name]. They are an absolute star." Another person told us the manager was, "A right laugh!" and they enjoyed spending time with them. We saw the manager spending time with people throughout the course of our inspection and that people knew them well. The manager told us, "They (people) like to see me, it gives them some reassurance. Other things may change in their lives, but I am constant."

Relatives we spoke with told us the manager kept them informed of any changes in the home. They told us their relatives were happy living at Eastbank and enjoyed positive relationships with the manager and the staff team. One relative told us, "[relative] knows the manager and trusts them." Relatives told us there was a positive and pleasant atmosphere in the home. One relative told us, "There is a consistent staff team, which shows how happy the staff are. That makes for a welcoming and happy home."

Staff we spoke with told us they felt supported in their roles by the manager. One member of staff told us, "[manager's name] would never ask us to do something which they wouldn't be prepared to do themselves." Staff we spoke with commented on the manager's knowledge and experience and the respect they had for this. One member of staff told us, "The support is always there. We are listened to." Another member of staff told us, "This is a learning environment in that we are always learning and the manager encourages that." Staff told us they had regular staff meetings and one-to-one meetings with the manager, which they found useful. One member of staff told us, "Staff meetings are all about our input. We discuss changes to people's needs, as well as possible solutions."

The manager told us that the values of the service were to make it as, "Homely as possible for each individual." They told us it was about catering for, and balancing, everyone's individual wants and needs. Staff we spoke with were aware of the values and shared these. Staff told us that as part of upholding the values, the provider had a whistleblowing policy in place. This was so that staff could report any concerns about abusive or unsafe practice. Staff told us they would feel confident raising any concerns and that action would be taken as a result.

We looked at how the manager ensured people received high-quality care. The manager carried out monthly audits in areas such as accidents and incidents, people's monies and general health and safety checks of the home. Where issues were identified, these had been promptly rectified. The manager also covered care shifts at the home. They told us they used this as an opportunity to carry out observations of staff competencies and also, to speak with people about their experiences of living at Eastbank. Questionnaires were sent to people, relatives and health professionals on an annual basis to capture feedback; the most recent questionnaires contained consistently positive comments.

The manager had established links with the local community and these were used to benefit people. For example, there were links with a local churchyard project, which one person enjoyed being involved with. Staff told us they were in the process of arranging gym memberships for the local gym, for those who

wanted to use it. They told us this was because some people had expressed an interest in using the hydrotherapy pool there. The local police had visited the home previously to talk to people about personal safety and keeping themselves safe. The possibility of the police coming back to speak to people about hate crimes was also being considered. This was to raise people's awareness of their rights and what to do if they had any concerns.

The provider had, when appropriate, submitted notifications to the Care Quality Commission (CQC). The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.