

Community Integrated Care Eachstep Blackburn

Inspection report

| Infirmary Road | | |
|----------------|--|--|
| Blackburn | | |
| Lancashire | | |
| BB2 3LP | | |

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Ratings

Overall rating for this service

Outstanding $rac{1}{2}$

| Is the service safe? | Good |
|--------------------------|---------------|
| Is the service caring? | Outstanding 🟠 |
| Is the service well-led? | Good • |

Summary of findings

Overall summary

About the service

Eachstep Blackburn is a residential care home providing personal and nursing care to 52 people at the time of the inspection. The service specialises in providing care to people living with dementia and can accommodate up to 64 people. The home is divided into three households, each of which is decorated to a high standard and provides themed areas to promote social interaction. Accommodation is provided in single en-suite bedrooms. The home also provides a cinema, vintage tearoom and secure garden area.

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

People continued to receive exceptional quality care which was personalised to meet their individual needs and preferences. Staff spoke about people with respect and demonstrated a commitment to enabling them to live their lives as independently as possible.

People were supported by staff who were extremely kind and caring. Staff spoke about the home as being a family where people were cared for in a loving and happy environment. Our discussions with relatives supported this view. The home was described as a "Rolls Royce service" and staff as "caring, kind and respectful."

People told us they felt safe in Eachstep Blackburn. Staff had received training in safeguarding adults and were confident about the action they needed to take to keep people safe. They told us policies and procedures were available on each household for them to refer to if necessary.

Staff had been safely recruited. Four out of the five people spoken with told us staff always responded promptly to their needs. One person told us they sometimes had to wait for staff; this was addressed immediately by the manager of the home.

The provider's infection control policies had been updated to reflect the additional risks posed by the Covid 19 pandemic. Staff understood and followed the procedures. The home ensured extra vigilance when people were required to shield due to their health needs or were required to isolate following admission to the home or return from hospital.

Staff and relatives spoke positively about the way the home was led. They told us the new manager was approachable and willing to listen to any suggestions they had. People described the home as caring and like a family.

Rating at last inspection

The last rating for this service was outstanding (published 26 September 2018).

Why we inspected

The inspection was prompted in part due to concerns about the number of safeguarding alerts received by

the local authority regarding people living in the home as well as standards of record keeping. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained outstanding. This is based on the findings at this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 caring? | Outstanding 🗘 |
| The service was exceptionally caring. | |
| Details are in our caring findings below. | |
| Is the service well-led? | Good ● |
| The service was well-led. | |
| Details are in our well-led findings below. | |



Eachstep Blackburn

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 Care Act 2014.

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 an inspector and an assistant inspector.

Service and service type

Eachstep Blackburn is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

According to our records, the service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, we were informed that theirs had been an interim management role for the provider and they had left the home three weeks earlier when a permanent manager was appointed. The new manager had applied to register with CQC and we were informed the previous manager would be applying to deregister.

Notice of inspection

We gave 24 hours' notice of the inspection due to restrictions in place during the COVID pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and the local Healthwatch team. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

Due to restrictions the provider had in place to protect people from the risk of infection during the pandemic, we were only able to visit one of the three households in the home. On this unit, we observed how staff provided support to people to help us better understand their experiences of the care they received. During the inspection visit, we spoke with six people living in the home, the manager and the deputy manager. We also looked at a range of documents and written records including six people's care and medication records, staff training records and records relating to the management of the service, including audits and policies and procedures in relation to the Covid 19 pandemic.

After the inspection

We spoke by telephone with five relatives and six members of staff. We looked at records sent to us before and after the inspection. We continued to seek clarification from the provider to validate evidence seen.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

• People were protected from the risk of avoidable harm. Staff had completed safeguarding training and knew how to report possible signs of abuse.

• Staff had taken action to protect people following incidents which occurred, including referrals to other specialist teams. Records showed staff had completed required documentation, including body maps to record any injuries sustained by people living in the home. This process had improved following feedback from the local safeguarding team.

• People told us they felt safe. Comments made to us included, "I think it's very good here. It feels safe" and "Oh yes, I feel safe." Relatives also told us they had no concerns about the safety of their family members. Comments made included, "I definitely feel [relative] is safe. [Relative] has been there for four years and was very poorly and couldn't walk. The home have got them back walking again which is amazing. They [staff] protect [relative] from other residents and will inform us if there any incidents even if only very slight" and "I know [relative} is very safe and I have no concerns. Even if [relative] just bumps her arm they will contact me and let me know".

Assessing risk, safety monitoring and management

• Staff had assessed risks relating to each individual's needs. Risk management plans provided detailed information for staff about how to support people safely. Daily meetings between senior staff and regular clinical risk meetings were used to ensure risks were appropriately managed and action taken to involve other professionals as necessary.

• Staff had completed required training in how to keep people safe, including moving and handling, pressure care and fire safety. Senior staff completed checks of staff's ability to practice safely.

• The provider completed regular checks to ensure the safety of the premises. Equipment used was regularly serviced.

Staffing and recruitment

- Staff had been safely recruited. The provider completed the required pre-employment checks to make sure staff had the right skills and character to work with vulnerable people.
- There were enough staff on duty to meet people's needs in a timely way. Staff told us they always had time to spend with people and to meet their needs in a person-centred way. Staff regularly checked on people who were shielding or isolating in their bedrooms to ensure they had everything they needed.

• Five people told us staff always responded promptly if they needed support. One person told us they sometimes had to wait a long time for staff to answer their call bell. We discussed the person's comments with the manager and immediately following the inspection they assured us they had already spoken with the person to understand and respond to their concerns.

Using medicines safely

• Medicines were safely managed. People's needs and preferences were clearly documented in relation to how they wanted their medicines to be administered. Staff told us people were always able to receive their medicines where and when they wished in line with the ethos of the service to deliver person-centred care.

• Relevant staff had received training in the safe handling of medicines. The provider had systems to regularly check the competence of staff to administer medicines safely.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

• The provider promoted an open culture in relation to accidents, incidents and near misses; this included a system of learning logs. These were completed by staff following any incidents to help them identify how similar situations might be avoided.

• Following feedback from the local authority safeguarding team, the home had introduced a new checklist for staff to complete when making safeguarding referrals. This was intended to ensure staff had completed all required documents prior to contacting the safeguarding team.

Is the service caring?

Our findings

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- An equality, diversity and human rights approach to supporting people's privacy and dignity continued to be well embedded in the service. Our conversations with staff showed they understood it is a person's human right to be treated with respect and dignity. A staff member told us, "We speak with people as they wish to be spoken with. You learn each person's different ways. People are respected here."
- People continued to receive high quality care which was exceptionally personalised to their individual needs. Although due to the restrictions in place, we were limited in our observations in the home, without exception all staff spoke with passion about how they provided people with person-centred care. Comments made to us included, "I love it because its person-centred. Everything is the person's choice. Everything revolves around the person's wishes and needs. Each person is different", "It's very person-centred. We support people with anything they want to do or like" and "I love my job. It's great to see people happy and smiling when you care for them; it's very rewarding. It's a very caring place. There is no one that won't go out of their way to make people happy."
- Relatives confirmed people continued to receive exceptionally high-quality, compassionate care. One relative told us, "The care is excellent. The staff and home are more than we could have hoped for. It's a Rolls Royce in terms of a home and care. They are caring, kind and respectful. From the minute I walked into the home I thought, [relative] is coming here. The warmth hits you as soon as you go in there."

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

- People's care records were detailed and included information about their life prior to their admission to Eachstep Blackburn, the way they wished to be cared for and how staff would know if they were having a good day. We saw that one person's care records documented how their past life experiences might affect the way they sometimes acted in the home and how staff needed to support them in a caring and respectful way. Other people had clearly stated they only wished to be cared for by female staff and it was clear from records this choice was respected by the staff team.
- Staff continued to support people to make decisions about how they wished to live their lives in the home. A staff member told us, "People have their own individual routines which we support them to keep."
- Staff told us they valued being able to spend time with people to continue to develop person-centred care plans. A staff member told us, "When we are writing care plans, we discuss with people how they want to be supported. The care people get is exactly what they want."

Respecting and promoting people's privacy, dignity and independence

• Staff continued to encourage people to be as independent as possible. A staff member confirmed, "We give people choices to support their independence. Even if it is a little thing, people get the benefit of doing things for themselves." Care records documented the strengths of people and their preferred daily routines as well as their needs.

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 the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. The change of rating did not relate to any concerns regarding the way the home was managed but to the fact that there was no registered manager in place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A new manager had been in post for only three weeks at the time of the inspection but staff told us they felt this had been a positive appointment for the home. Staff told us they felt the new manager was approachable and committed to continuing to develop the service. However, at the time of the inspection, we could not yet see the impact of any changes they planned to make on the outcomes for people living in the home.
- Staff told us they felt they were treated fairly. They were all very positive about the support the previous manager had given to the staff team during the pandemic.
- The provider had systems to monitor the quality and safety of the service. The manager and other senior staff completed regular audits to check required standards and regulatory requirements had been met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

• The provider had a set of values which were communicated to staff when they started work to help them understand the principles underpinning the delivery of care. These were 'respect, enable, aspire, deliver and include'. The manager told us all staff were encouraged to live by these values and that the provider distributed awards to those staff who had delivered outstanding care. The values were also discussed during supervision sessions to encourage staff to give examples of how they had met the values in their daily practice.

• Without exception, staff told us they enjoyed working at Eachstep Blackburn and continued to demonstrate a commitment to providing people with high quality, compassionate care. Comments made to us included, "I'm passionate about the home. It's homely, loving and like a family" and "I feel we are all a family here. Staff work together to support people's emotional health and well-being."

• Relatives told us how they had been reluctant for their family members to be placed in a care home but had been reassured by the exceptional care provided in Eachstep Blackburn. Comments made to us included, "I did not want [relative] to go into a home after caring for her for so long, but I can say 'hand on heart' that they provide better care than I could" and "I have no problems whatsoever and am very impressed with the management, carers and service. They are doing extra things in the home. We were loath to put [relative] in a home but this one is gold star and I would recommend it."

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

- The provider promoted a culture in which staff were encouraged and supported to report any mistakes or concerns so that lessons could be learned. Trusting relationships had been developed between staff, people who lived in the home and their relatives.
- The provider had a policy which outlined the responsibilities of all staff in relation to the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The provider had systems to ensure people who lived in the home and their relatives could provide feedback on care. The manager had begun to distribute surveys to people who lived in the home and we saw all the responses were very positive. One person had commented, "I think I am very lucky with the care I receive." Following their appointment, the new manager had sent an e-mail to all relatives informing them of their plans to develop personalised contact with families and of their willingness to receive any suggestions as to how communication might be improved. They had sent a similar supportive message to staff, recognising their achievements in delivering an outstanding service and encouraging them to continue to build on this.

Continuous learning and improving care

- The manager had ideas for continuing to develop and improve the service based on their initial observations in the home. They told us they set high standards and wanted to ensure Eachstep Blackburn continued to be an outstanding home where people always received person-centred care.
- The provider had systems to ensure lessons were learned from accidents and incidents. Regular clinical meetings were used to share learning with staff.

Working in partnership with others

• The service worked in partnership with a range of professionals to ensure people receive the care and support they needed.

• The provider had a proven track record of engaging with a range of partner agencies, particularly in relation to supporting people to engage in meaningful activities. Although community-based activities were not possible because of the pandemic, staff had been creative in using these partnerships for the benefit of people living in the home. For example, a professional rugby team in another part of the country was providing virtual exercise sessions which were available to everyone in the home.

• Prior to the pandemic, people in the home had been working with the local university to participate in a project gathering people's experience of the war. The activity coordinator told us, "It was amazing, brilliant and uplifting. The university are continuing to offer support and activities remotely."