

Gateshead Council

Eastwood Promoting Independence Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eastwood Promoting Independence Centre is a care home providing personal and nursing care for up to 26 people. The service provides short-term care to support people to be independent and be able to return to their home. 20 people were using the service at the time of our inspection.

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

Due to the circumstances surrounding Covid-19 at the time of inspection we were unable to speak with people using the service directly. Relatives we spoke with after the inspection said they felt their family member received care that met their individual needs. One relative said "My experience has been excellent, and all the staff have been professional and empathetic in their approach. [Family member] has said how lovely all the staff have been, and they felt very well looked after and heard."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. One staff member said, "We as staff will always strive to act in the best interest to represent a service user who lacks capacity, in line with mental capacity assessments service user's will be supported to make their own choices."

People were supported to have enough to eat and drink. Staff were aware of people's dietary needs and preferences and the actions to take should they be concerned about people's nutritional intake. People had access to healthcare professionals to ensure their emotional and physical well-being needs were met.

During the last inspection we found some staff were not up-to-date with essential mandatory training. Gaps were also identified in staff supervision records. Improvements to the provision of training and supervision had been implemented since the last inspection. People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

At the last inspection of the service the provider had failed to ensure governance systems were sufficiently effective to monitor and improve the quality and safety of the service. Since the last inspection quality assurance systems had been put in place to monitor the quality of service being delivered. The registered manager had a home improvement plan in place which identified areas for development.

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

Rating at last inspection and update

The service was rated requires improvement at the last inspection (published 16 May 2019). Following the inspection, the provider submitted an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

Why we inspected

This was a planned inspection based on the previous rating. We completed this focused inspection to make sure they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to two key questions, Effective and Well-led.

The ratings from the previous comprehensive inspection for those key domains not looked at during this inspection were used in calculating the overall rating for this inspection. The overall rating for the service therefore has improved to Good, based on the findings at this inspection.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Eastwood Promoting Independence Centre on our 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 inspection 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Eastwood Promoting Independence Centre

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.

Inspection team

One inspector carried out this inspection.

Service and service type

Eastwood Promoting Independence Centre 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave short notice that the inspection would be taking place. This ensured we were able to work alongside the registered manager to identify any potential risks associated with Covid-19 and put measures in place to manage them.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about concerns and incidents the provider must notify us about. We sought feedback from the local authority professionals who work with the service. The provider was not asked to submit a provider

information return prior to our inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make or have made since the last inspection. We accounted for this when we inspected the service and made the judgements identified in this report. We used all of this information to plan our inspection.

During the inspection

We were not able to speak with people directly to seek their views on the service as this posed a risk, due to them self-isolating due to Covid-19. We spoke with four members of staff including the service manager, the registered manager, a member of care staff and the head chef.

We reviewed a range of records. This included three people's care records, risk assessments and monitoring records. We reviewed a variety of records related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the home action plan and policies and procedures. We emailed eight staff to seek their views on how care is provided. Four staff responded to the email correspondence. We contacted three relatives to seek their views on the service provided. We also received feedback from five health and social care professionals who work alongside the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

During the last inspection we found some staff were not up-to-date with essential mandatory training. Gaps were also identified in staff supervision records. Improvements to the provision of training and supervision had been implemented since the last inspection. People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Improvements had been made to ensure staff received regular supervision. Measures were in place to monitor when supervisions had been completed. Staff we spoke with confirmed they received supervisions and felt supported. One staff member said, "I receive regular supervisions and I feel that I am always supported I can talk to my manager and team manager if I was having any problems."
- Improvements to the provision of training had been implemented. People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One staff member said, "I have completed all the mandatory training if I need to complete new training to do with my role, I would be supported by my manager to accesses the training I needed."
- New staff were subject to a robust induction process which included the completion of the Care Certificate and shadowing experienced staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information relating to people's needs and preferences had been obtained during pre-admission assessments.
- Staff applied learning in line with best practice to support people to have a good quality of life and regain their independence.

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

- People were supported to eat and drink enough. One relative told us "I was kept informed of (family member's) fluid intake and output as the staff were concerned that [family member] was dehydrated at the beginning of their stay at Eastwood. [Family member] has told me they have enough food, and a good choice."
- We reviewed people's daily food and fluid monitoring records. These contained information on people's daily intake to identify if people required any additional support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to have access to a range of health and social care professionals.
- Relatives told us their family members' health and well-being needs were met. One relative said, "The staff are keeping me up to date and the physio has met with me at [family member's house] to assess the home and see what equipment would be needed if they were to return home with support."
- The service assessed and considered people's oral health care needs. Care plans guided staff on the support people needed to maintain good oral healthcare.

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

- People were able to personalise their rooms during their stay at the service.
- The home was spacious with accessible communal areas. Corridors were wide enough to support people to be able to move around freely. They contained wall markers to encourage people to achieve greater walking distances each day.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected because management and staff acted in accordance with principles and guidance relating to MCA and DoLS.
- The manager ensured where someone lacked capacity to make a specific decision, a mental capacity assessment and best interest process had been carried out.
- People were able to make their own choices and decisions about care. A staff member said "A mental capacity assessment is used to deem capacity so we will support a person to make decisions for themselves if they have capacity. If someone lacks capacity, we would act in their best interest and also use advocacy."

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At the last inspection of the service the provider had failed to ensure governance systems were sufficiently effective to monitor and improve the quality and safety of the service.

- Improvements to quality assurance systems had been made to monitor the quality of service being delivered. The registered manager had a home improvement plan in place which identified areas for development. This was overseen by the service manager to ensure compliance was achieved.
- Management and staff were clear about their roles and responsibilities. One member of staff told us about the improvements they felt the service had made since the last inspection. They said "The duty team are more organised around the supervisions and the training. We have a yearly wall planner and we have monthly peer inspections. We have to update the monthly compliance which the service manager checks to ensure we are adhering the governance framework."
- The manager had submitted the required statutory notifications to CQC following significant events at the service.

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

- The service had an established staff team. Teamwork and staff morale were good.
- The registered manager had oversight of the culture of the service to ensure it was one of promoting independence and empowering people to make choices about their care. One staff member said, "We always go above and beyond to ensure the service user comes first and we work hard to represent their individual needs and wishes."
- Relatives said they were encouraged to be involved in discussions about their family members' care to achieve positive outcomes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People and their relatives were consulted and asked for feedback about the service. One relative said, "I am really happy at present with the care [family member] is receiving, and I am more than confident that if I had any issues, they would listen to me and act accordingly."
- Staff had opportunities during supervisions and team meetings to make suggestions for improvements. One staff member told us "We get the opportunity at supervision and staff meetings to speak up and feel

listened to. We have an open ethos. I feel we have worked well in these uncertain times."

- The registered manager worked in partnership with health and social care professionals to achieve good outcomes for people. However, health professionals we had contact with felt joint working could be improved. One health professional said, "Things had improved greatly following the previous inspection but because of current challenging new working conditions and redeployed staff it does feel that we are working less coherently." Health professionals acknowledged that Covid-19 had impacted on some of the positive joint working that was in place prior to the pandemic. This has been passed on to the registered manager. They have said they will take action to address the feedback.

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 registered manager investigated incidents fully and was open and honest with exploring any lessons to be learned. Where identified, changes to practice were implemented to improve people's experiences of their care and support.