

# Community Integrated Care

# Eachstep Blackburn

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 21 and 22 March 2017. This was the first inspection since the service registered with the Care Quality Commission (CQC) in May 2016.

Eachstep Blackburn is registered to provide accommodation for up to 64 people who require nursing or personal care. The service is purpose built and specialises in providing care to people who are living with a dementia. Six beds are also commissioned by the local Clinical Commissioning Group (CCG) to provide rehabilitation and nursing care to people who have been discharged from hospital. 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 team room and secure garden area. At the time of our inspection there were a total of 57 people using the service.

The home had won the award for best dementia care home at the National Dementia Care Awards 2016.

The service had a registered manager in place as required under the conditions of their registration with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had won the award for the best dementia care manager at the National Dementia Care Awards 2016.

During this inspection we identified one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because recruitment processes were not sufficiently robust to protect people from the risk of unsuitable staff. Required additional checks had not been carried out by the provider's central human resources team when applicants had worked previously with vulnerable adults or children. These checks are important in order for the provider to ascertain why an applicant's employment in any relevant services had ended.

The care people received was outstanding. People told us staff were exceptionally kind and caring and that nothing was too much trouble for them. We saw the service placed great emphasis on the importance of treating people as individuals and providing care in flexible, responsive and personalised manner. During the inspection we observed there were no set routines for people to follow and they were encouraged to decide for themselves what they wanted to do each day. Staff were observed to be patient, encouraging and reassuring throughout the inspection. We noted staff were extremely skilled in the use of distraction techniques when people became anxious or upset. This helped to reassure people and create a sense of well-being.

Creative ways were found to enable people to live full lives which impacted positively on their health and well-being. The use of 'Community Circles' supported by volunteers identified opportunities for people to

participate in meaningful activities based on their interests or skills. People were also supported to re-engage with social and family networks which were important to them and helped to maintain their sense of identity. The registered manager had been proactive in developing partnerships with local community groups to help ensure the service provided was accessible and culturally appropriate for the local population.

Staff had received training in safeguarding adults from abuse. They were able to demonstrate their understanding of the correct action to take if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff told us they would be confident to use the whistleblowing policy that was in place should they witness poor practice in the service.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff. We saw that staff received the essential induction, training and support necessary to enable them to carry out their role effectively and care for people safely. Staff understood their responsibility to protect people's rights under the Mental Capacity Act (MCA) 2005. Appropriate action was taken to ensure any restrictions were legally authorised when people were unable to consent to their care in Eachstep Blackburn.

We found the system for managing medicines was safe. Records we reviewed showed staff worked in cooperation with health professionals to help ensure that people received appropriate care and treatment.

People were cared for in a safe and clean environment. Great care had been taken to ensure the environment helped to promote the independence, freedom and well-being of people who lived in the home. Photographs of the local area as well as items of interest located around the home were used to stimulate meaningful conversations with people who used the service.

Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care.

People's care records contained enough information to guide staff on the care and support required. Care records had been regularly reviewed, with people who used the service and, where appropriate their families, being involved in the review process. People were asked to comment on what was working or not working for them in the care they received. We saw that action had been taken to change the care arrangements for individuals following comments they had made.

Systems were in place to help ensure people's health and nutritional needs were met. People who used the service told us the quality of the food was very good. We observed that, where necessary, staff offered people gentle support and encouragement to eat.

Staff told us they enjoyed working in Eachstep Blackburn. They told us the managers set high standards for the care people should receive in the home. We noted there was a focus on ensuring people's health and well-being was promoted through the provision of meaningful activities, and engagement with the local community to meet people's particular interests. The registered manager had been proactive in developing partnerships with local community groups to help ensure the service provided was accessible and culturally appropriate for the local population.

Staff told us the managers in the service were approachable and supportive. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us their views were always listened to.

Systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home. All the people we spoke with told us they would feel confident to make a complaint although they had not had a reason to do so.

The registered manager was focused on ensuring people received high quality care and support which met their individual needs; this was evidenced in the outstanding practice we recognised in some areas during the inspection. Their commitment to ensuring best practice in dementia care had been recognised through the award of 'Best Manager' in the 2016 National Dementia Care awards.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Recruitment processes needed to be improved to help ensure that people who used the service were properly protected from the risk of unsuitable staff.

Sufficient numbers of staff were employed to ensure they could respond flexibly to meet people's needs. Staff we spoke with knew the correct action to take if they witnessed or suspected abuse.

People were cared for in a safe and clean environment. A safe system of medicines management was in place.

### Is the service effective?

**Good** 

The service was effective.

Staff received the induction, training and supervision required to enable them to support people effectively.

Staff understood the principles of the Mental Capacity Act (2005). Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service.

The environment was designed and arranged to promote people's freedom, independence and wellbeing.

### Is the service caring?

**Outstanding** 

The service was very caring.

People told us staff were extremely kind, caring and respectful towards them. Staff were willing to go the extra mile to ensure people received the care and support they wanted.

The ethos of care was person-centred and valued each person as an individual. Staff were skilled at helping people to express their views and communicated with them in sensitive and caring manner.

People were supported to be as independent as possible.

### Is the service responsive?

The service was very responsive.

People received care that was personalised to their individual needs. There were no set routines to follow and people were able to decide for themselves what they wanted to do each day.

The service was proactive in working with the local community and volunteers to help provide circles of support to people. This enabled people to pursue and develop their interests to promote their health and well-being.

The registered manager was committed to seeking out resources and products to help ensure people who used the service were able to access the highest standard of care. They also worked in partnership with community groups to help ensure the service was culturally appropriate and accessible to the local population.

**Outstanding** ☆

### Is the service well-led?

The service was well-led.

The service had a manager who was registered with the Care Quality Commission. They were instrumental in setting the high standards expected in the service. Their commitment to ensuring best practice in dementia care had been recognised through the award of 'Best Manager' in the 2016 National Dementia Care awards.

Quality assurance systems in place were used to help ensure people always received high quality care. Minor areas identified for improvement were rectified immediately during the inspection.

Staff told us they enjoyed working in the service and felt well supported by their colleagues and the managers in the service.

**Good** ●

# Eachstep Blackburn

## **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 checked 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.

This inspection took place on 21 and 22 March 2017. The first day of the inspection was unannounced. We told the provider we would be returning on the following day to continue to review the care people received in the service.

On the first day of the inspection the inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of residential care services. The second day of the inspection was carried out by two social care inspectors.

Before the inspection we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local safeguarding and quality assurance teams and the local clinical commissioning group to gather their views about the service

During the inspection we spoke with nine people who used the service across all three households and six visiting relatives. We also spoke with a total of ten staff employed in the service. The staff we spoke with were the registered manager, the clinical lead, a registered nurse, two senior support workers, four support workers and the activity coordinator. We also spoke with two visiting health professionals.

We carried out observations in the public areas of the service. We also undertook a Short Observation Framework for Inspection [SOFI] on the ground floor household which provides nursing care to people living with a dementia and those requiring rehabilitation following discharge from hospital. A SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care and medication records for six people who used the service. In addition we looked at

a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.



# Is the service safe?

## Our findings

All the people we spoke with who used the service told us they had no concerns about their safety in the home. Comments people made to us when we asked if they felt safe included, "Yes, plenty of carers, rooms secure" and "Yes the girls are very good, all of them. Never heard one of them being awkward." Relatives we spoke with told us they felt their family members were safe and well cared for. One relative commented, "[Name of relative] is well cared for. Senior staff are very good and all carers are attentive to their needs."

We looked at four staff personnel files and saw that the recruitment system was not as safe as it should have been. It was not robust enough to protect people from being cared for by unsuitable staff.

We found the provider's recruitment policy did not meet the requirements of the current regulations. This was because it did not make it clear that additional pre-employment checks were required when applicants had worked previously with vulnerable adults or children. Schedule 3 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 states that providers should make all reasonably practicable attempts to find out why the person's employment in any such setting came to an end; this is to help protect people from being cared for by unsuitable staff. We found that two of the staff whose personnel files we reviewed had worked previously with vulnerable adults but the required additional checks had not been undertaken. The registered manager told us they would ensure the provider's recruitment policy was updated as a matter of urgency and the required checks undertaken for all staff employed in the service. These matters were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However we found no evidence that people who used the service had been impacted upon by this breach.

We noted that all personnel files included a completed application form, a record of the notes made at interview, at least two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The registered manager told us that they recruited all staff using a values based approach. This meant that they looked for staff whose values were aligned with those of the organisation, i.e. treating people as individuals with respect and compassion. They told us that the probationary period was used to assess the suitability of staff to work with people living with a dementia and that they did not have any hesitation in ending the employment of people who failed to demonstrate the expected values and attributes. We spoke with one staff member who had been recruited although they did not have any experience in a caring environment. They told us they thoroughly enjoyed working in the home and felt they were able to make a difference to people's lives. During the inspection we also observed this member of staff treat people with dignity, respect and offer personalised support. This demonstrated that the provider's recruitment procedure was effective in ensuring that people who used the service were cared for by suitable staff.

We looked at the staff rosters and noted that sufficient numbers of staff were in place on each shift to meet

the needs of people who used the service. Comments people made to us about staffing levels included, "I'm in a superb place here, if I woke up in the night I'd get someone to sit with me", "There's always someone around" and "There are ample staff, quite sufficient for us."

Staff also told us they considered there were always enough staff on duty to allow them to spend quality time with people. Comments staff made about staffing levels included, "I think they are fantastic. We are overstaffed if anything never understaffed. We cross over a lot as well; It allows the morning people to go for their breaks" and "There's enough staff to not only do your job but to spend time with everybody and you get to do activities."

During the inspection we noted there was a very relaxed atmosphere and staff regularly took the time to sit and chat with people or encourage them to participate in activities. Staff also responded promptly to people if they required support or assistance. We observed staff being patient when helping people to mobilise and people were not rushed or hurried in any way.

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place; these provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding and knew the correct action to take if they witnessed or suspected abuse. One staff member told us, "I would report it straight away to the nurse on duty or the clinical lead; I would put it in writing. I would definitely check to make sure it had been followed up correctly." From the records we reviewed we saw that safeguarding was regularly discussed at staff supervision sessions and team meetings; this gave staff the opportunity to raise any concerns they might have.

We saw that the service had a whistleblowing policy in place. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained details of organisations outside of the service that staff could contact if they felt they had not been listened to. Staff we spoke with were aware of the whistleblowing policy. They told us they were confident that they would be taken seriously by the managers in the service if they raised any concerns. A staff member commented, "Yes, I would feel confident to do so. I feel able to report it straight away. It is not about the staff it is about the people and them being safe here." The registered manager told us staff were also informed about the 'Speak Up' telephone line which they could use to report any concerns anonymously to the provider if they wished.

We reviewed the systems in place to ensure the safe administration of medicines. We saw that there was a policy and procedure in place to guide staff regarding the safe handling of medicines.

We noted all staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely.

We checked the medicines administration record (MAR) charts for six people who used the service. We found all the MAR charts contained photographs of each individual and a record of any known allergies; this reduces the risk of medicines being given to the wrong person or to someone with an allergy and is in line with current guidance. All the MAR charts were fully completed to show that people had received their medicines as prescribed. We saw that written protocols were in place for 'as required' medicines. These protocols provided information for staff to help ensure people always received the medicines they needed.

During the inspection we observed staff took the time to explain to people why they were prescribed particular medicines. There was no formal medicine round which meant people were able to receive their prescribed medicines at a time which was most convenient for them. All bedrooms contained an individual lockable medicines cabinet; this enabled staff to take a person-centred approach to the administration of

medicines. However, we noted there was no system in place to check that medicines in these locked cabinets were being stored at the correct temperature. We discussed this with the registered manager who made immediate arrangements for thermometers to be purchased for each cabinet. They also organised for a chart to be drawn up on which staff could record the temperature in the cabinet on a daily basis. Keeping records of the temperature where medicines are stored helps to ensure that prompt action is taken to prevent medicines from deteriorating.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, dining rooms, lounges, bathrooms and toilets were very clean. People we spoke with told us they considered the home was clean. Comments included, "Oh yes, it's perfectly clean" and "Rooms are lovely." Staff we spoke with demonstrated their awareness of their responsibilities to protect people from the risk of cross infection.

On site laundry facilities were provided. We saw that all the equipment was in working order and the laundry looked clean and well organised. The registered manager told us they recognised that the laundry service could be improved in some areas as this was the main part of the service about which people had complained. They told us they had investigated different ways of organising the laundry and were in the process of trialling individual net bags to help ensure items did not go missing. They told us they would continue to review this arrangement with people who used the service and their relatives to see if it made a positive difference.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in the home.

Five of the six care records we reviewed contained appropriate risk assessments. However one person's records documented that they had been admitted to the service following a serious fall. No risk assessment was in place to advise staff of the correct action to take to reduce the risk of further falls occurring. The registered manager told us a falls risk assessment should have been completed 24 hours after the person's admission to the home but that this had been overlooked. They immediately put a process in place for senior staff to review the admission checklist after 24 hours to ensure all required risk assessments had been put in place. In addition we found that one person's care records did not accurately record the necessary positional changes required to manage the risk of skin integrity damage. We noted that there had not been any skin damage sustained and the registered manager made immediate arrangements for records relating to positional changes to be regularly checked by the nurse in charge; this should help ensure people had received safe and appropriate care.

A relative we spoke with told us staff had recognised that the layout of their family member's bedroom had put them at risk of falls. They told us the room had therefore been rearranged to change the position of the bed and that their relative had not experienced any falls since this had been done. This demonstrated staff were proactive in their approach to risk management.

Inspection of records showed that a fire risk assessment was in place and regular fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

Records were kept of the support people who lived at Eachstep Blackburn would need to evacuate the

building safely in the event of an emergency. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency. We were told that there was always an on call manager in place for staff to contact in the event of any emergency outside normal office hours.

## Is the service effective?

### Our findings

People who used the service were happy with the care they received in Eachstep Blackburn and told us that it met their needs. Comments people made to us included, "I'm very well looked after" and "It's a superb place."

We noted that the standard of décor, furnishings and fittings was very high throughout the service. Consideration had clearly been given to how the environment impacted on the well-being of people living with a dementia. We saw that there were a number of themed areas on the households which included those relating to holidays, music and sports. The registered manager told us the intention of the themed areas was to initiate meaningful conversations with people who used the service with reference to the photographs on display of local landmarks and the objects available for people to use. A cinema, garden room, vintage tea room and hairdressing salon were also available to people. During the inspection we observed all of these areas being used by people who used the service supported by staff and volunteers; this helped to create a vibrant atmosphere within the home. We saw that a 'pub' area was also in the process of being developed in one of the lounges which was less well used. This room also included a cards table and table football game for people to use.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had a policy which explained to staff what the MCA and DoLS were and guided staff on their responsibilities. The registered manager demonstrated an excellent understanding of MCA and DoLS. Records we reviewed showed they had made the necessary applications to the local authority to ensure any restrictions placed on individuals who could not consent to their care in Eachstep Blackburn were legally authorised. At the time of this inspection 45 applications had been submitted with seven being assessed and approved by the local authority. We saw the registered manager had put a tracker in place to record the status of all applications. They told us they would regularly contact the local authority to check when assessments were due to be completed.

We saw that the registered manager took appropriate action to ensure that people who had capacity to consent to their care in Eachstep Blackburn were provided with the code for the front door; this helped to ensure people were not inappropriately restricted. One person who used the service confirmed, "There are

no restrictions; I can go outside if I want to."

Records showed that all staff had completed training in the MCA and DoLS. Staff told us they understood the principles of the MCA and would always seek consent from people before they provided any care or support; this was confirmed by our observations during the inspection. Staff were observed to encourage people to make their own decisions. We heard one staff member ask a person who used the service, "Would you like a bath after lunch?" A staff member also commented to us, "This is completely different to other places I have worked. People have much more of a choice. It's like their own home where people are definitely treated as individuals and are able to make their own decisions."

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed that staff employed in the service had received an induction which included training to help ensure they were able to safely care for and support people. This included areas such as infection control, safeguarding, moving and handling, pressure care and fire safety. We saw that staff were required to complete a workbook to demonstrate their understanding of the subjects covered.

The registered manager told us that staff were offered training in Neuro Linguistic Programming (NLP). NLP helps to promote positive communication between staff and people living with a dementia. The registered manager told us that the completion of this training gave staff an enhanced understanding of how memories could be stimulated and enabled them to effectively divert people whose behaviour might sometimes be challenging towards others. We saw evidence of this throughout the inspection. The registered manager told us that the aim of the training and support staff received was to instil in them the freedom and confidence to do the right thing when providing care to people. They told us their intention was to ensure that they provided 64 good services, i.e. a good service to everyone who lived in the home.

All the people we spoke with during the inspection told us they considered staff had the knowledge and skills required to deliver effective care. One person told us, "Staff seem to do an awful lot of training."

Staff we spoke with were positive about the induction and training they had received and considered it had prepared them well for their role. One staff member told us, "The training is really good here." Another staff member commented, "I did two or three days shadowing, and if we did not feel comfortable we could have another day and they [managers] were lovely with me."

Records we reviewed showed all staff had received regular supervision. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. We noted that in supervision staff were asked to identify what was working or not working for them in their role. We saw that action had been taken to address any issues raised by staff. One staff member told us, "We have regular supervisions. They have told me if I need any help they have support available to me. I have never had support like that from anywhere else." Another staff member commented, "I have done all my training. If I ever have any issues they will support me. They support me to do my job." The registered manager told us they intended to introduce a programme of appraisal for all staff in April 2017; this would provide staff with the opportunity to discuss how they wished to progress within the organisation.

We noted that the registered manager demonstrated a commitment to ensuring best practice in dementia care both within Eachstep Blackburn and the wider community. In support of this they offered work experience and placements to school and college students as well as delivering presentations regarding evidence based dementia care to local colleges. We saw numerous comments from students and teachers regarding the positive experience and learning gained from placements at Eachstep Blackburn.

We asked the registered manager about the food provided to people who used the service. They told us all meals were provided to the home by an external company who specialised in providing frozen, nutritionally balanced food. They told us they were able to select options from a wide menu to meet people's nutritional needs and ensure any known allergens were avoided for individuals. They also told us that the system of pre-prepared frozen meals delivered to the service meant they were always certain of the high quality of the food people received. We noted that there was an information sheet for every food served which detailed all nutritional information including whether the food included additives, the sugar content and whether it was suitable for vegetarians.

We found the kitchen was clean and tidy. The service had received a 'Good' rating from the national food hygiene rating scheme in October 2016 which meant they generally followed safe food storage and preparation practices.

We found that kitchen staff had completed training delivered by the company which was responsible for providing meals to the home. Staff told us that in addition to the frozen meals they were able to prepare snacks for people who used the service. We noted that breakfast cereals and other snacks including fresh fruit were available on each household. An open plan kitchen was available on each household. This meant people who used the service and their relatives were able to help themselves to drinks and snacks throughout the day. Relatives we spoke with told us they really appreciated this and considered that it helped them to feel at home whenever they visited their family member.

People who used the service told us the food was of good quality. Comments people made included, "The food is very nice, we get different sorts", "The food is good, can't grumble at all. The only fault is there's too much" and "We get very good breakfasts, dinners and teas."

During the inspection we saw that the meals were well presented, including those meals which were served to people who required a soft or pureed diet. The inspection team sampled a selection of the food available and found it to be of high quality. People who used the service were observed to enjoy the meals which were served to them. We noted that people were offered choices about the meals they wanted to eat with staff showing people different plates of food to assist them to make a decision.

We observed that mealtimes were a very relaxed, calm and social occasion with people being encouraged to sit at tables and participate in conversations with the staff who sat with them and other people who used the service. We noted that staff provided discreet support and encouragement to people who were reluctant to eat a meal. Staff were quick to offer alternatives to people who did not wish to eat what was on the menu; this helped to ensure people's nutritional needs were met. We saw that following each meal staff kept a record of the food and fluid intake of individuals who were considered to be at risk of poor nutrition.

Care records we reviewed had a one page profile on the front of each file. This highlighted to staff the support each person required and how they wanted staff to support them. Care records also included information about people's preferred daily routines, their preferences about the gender of staff who should support them and the numbers of staff required to support them with particular tasks.

We noted that one person's care records contained detailed information about how staff should best communicate with them and their family. A communication chart helped staff to understand the non-verbal communication used by the person and how they should respond to ensure they were delivering effective care. The person's relative told us that as a result staff had developed an excellent understanding of their family member's moods and gestures and were therefore able to provide the care they wanted.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. All the staff told us they attended handover meetings at the start of each shift. Comments staff made to us included, "We have a handover every day at the start of every shift and the nurses encourage us to check care plans" and "We do the handover in the morning, and everything is documented in people's files. We have to read them and know what has changed and adapt how we support them to meet these changes."

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and appointments with a range of health professionals. During the inspection we spoke with two visiting community based health professionals who told us they considered the standard of care provided in the service was very high. One professional commented, "[Name of person] is doing really well. When they first came here they had to use a stand aid and needed the support of two staff to stand up; now they are walking around with a frame. Staff have been helping them with their exercises."



## Is the service caring?

### Our findings

People who used the service told us staff were extremely kind, caring and respectful towards them. Comments people made to us included, "I enjoy people who look after us; we all have a laugh", "Staff are good. I'm so happy here", "They are really good staff. I'm really pleased we're so well looked after. I enjoy it here and am not really looking forward to going home again" and "The staff are brilliant. They really have looked after me. Nothing is too much trouble for them."

Relatives we spoke with were very complimentary about the staff team. One relative told us, "Nothing is too much trouble. I can't believe all care isn't like this." Another relative commented, "Staff are outstanding. They go round and chat to everyone. They are motivated to provide excellent care. It's been like a home from home."

Many of the people we spoke with told us that Eachstep Blackburn felt like a family where everyone was welcome and made to feel at home. All our observations during the inspection confirmed that staff were motivated to consistently provide the highest possible care and demonstrated highly respectful and caring attitudes towards the people they supported. We noted that staff were constantly focussed on asking people what they wanted to do, how they were feeling, if they wanted anything and what support they required.

We saw that staff worked hard to ensure that each individual was supported in a person-centred way, with potential barriers to this being dealt with in a thoughtful and creative manner. One relative told us how their family member's quality of life had improved immensely since they moved to Eachstep from another care home. They told us staff spent quality time with their relative and that nothing was too much trouble for them and commented, "We would fight to the hilt to keep [name of family member] here." They told us how their family member had been supported by staff to get involved in a cream tea party which was organised on one of the households. They commented that they were amazed that staff had taken the trouble to liquidise a cream scone so that their family member could participate in and enjoy the event in the same way as other people; this demonstrated staff understood the importance of involving people in activities and events in spite of any challenges they might face.

Throughout the inspection we noted that on each household there were numerous conversations taking place between staff, people who used the service and visitors. People were observed to be laughing and joking with each other. This helped to create a relaxed and informal atmosphere where people were encouraged to engage in discussions or activities and staff were clearly interested in what people had to say to them. We also saw that staff were skilled in responding in a calm, kind and caring manner to reassure people who became upset or anxious during the inspection; this resulted in people becoming significantly less distressed and more able to engage in activities, tasks or conversations to promote their well-being. We particularly noted how staff provided individualised support throughout the inspection to a person who had just been admitted to the service and was highly anxious. Staff were extremely patient and provided constant reassurance when dealing with the person's level of distress. This meant the person's anxiety levels visibly decreased and they were able to sit with staff and engage in conversation about things which were important to them. Staff also supported the person to take regular walks in the secure garden area to help

them to remain calm and relaxed.

We observed one staff member take time to support a person who used the service take their prescribed medicines. During their conversation they spoke about things of interest, including the local football team and a recent royal visit. We noted that during the conversation the person who used the service had forgotten the name of one of their relatives. We saw that the staff member took the time to access the person's records so that they could remind them of the name of the person concerned; this had the effect of reassuring the person and showed the staff member went the extra mile to provide a caring response.

We noted that staff did not wear uniforms, which contributed to the homely feel of the service and helped staff and people interact with each other as adults rather than simply as staff and recipients of care. We asked people who used the service and their relatives how they were able to recognise and access staff if they required any support. Comments people made to us included, "Residents seem to respond better to staff in non-uniform", "I don't see a downside to staff not wearing uniforms" and "I just get know who the staff are." One staff member told us, "People look at us as a person rather than just a uniform."

We observed that staff prioritised spending time with people who used the service even when completing administrative tasks; for example when they wrote notes, staff sat alongside people in the lounge or dining area rather than going into an office or to a separate area. This meant they were able to continue to involve people in conversations.

People were given the information and explanations they needed, and staff encouraged them to express preferences, which were respected. For example, people were asked where they would prefer to have their lunch and staff respected this and supported them accordingly. Staff offered people drinks on an individual basis rather than through a 'tea round', checking what they would like. This felt homely and sociable rather than institutional. During the inspection we noted that staff knocked and always waited for an answer before entering people's bedrooms; this was to ensure people had their privacy and dignity respected.

The registered manager told us how one person who used the service regularly used Skype to communicate with their family. However we were told that it had been recognised that this did not always allow the person the privacy they wanted. The registered manager was therefore organising with the person and their family to purchase a smartphone. This would give the person the independence and freedom to communicate with family or friends at a time and place which best suited them.

During the inspection we observed staff encouraged people to be as independent as possible. They were discreet in the support they offered and careful to ensure they did not do things for people which they were able to do for themselves. We also observed that people who used the service were encouraged to assist staff in completing tasks of daily living including making drinks and setting tables. We were also told that one person who used the service had an interest in DIY and regularly supported the facilities manager to complete maintenance checks within the home. Care records we reviewed also provided information for staff about how they could encourage people to be as independent as possible.

The home was spacious and people were able to spend their time where they wished, whether in their room or in communal areas. People were able to personalise their bedrooms with their possessions and pictures. Throughout the inspection we saw some people moving between different floors in the building. Wherever people went in the building, staff there knew them by name and made them welcome, spending time with them, offering refreshment and providing support where necessary.

The registered manager showed us the family room which enabled visitors to stay overnight if they wished

when visiting a relative. They told us this had the effect of improving the length and quality of time people were able to spend with their family members particularly when visiting from out of the local area.

We saw that care records contained information about people's likes and dislikes as well as recording details about their social history and important relationships and interests. This information helps staff to develop caring and meaningful relationships with people. The registered manager and staff we spoke with clearly demonstrated they knew people who used the service very well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. One staff member told us, "We get time to sit and chat and we read people's background history and just day to day finding out their likes and dislikes, what makes them happy and what makes them sad."

Staff spoke about people affectionately and compassionately. Staff also demonstrated a commitment to providing high quality, personalised care. Staff we spoke with told us they would be happy for a relative to be cared for at Eachstep Blackburn and several told us they had recommended the service to people they knew. One staff member commented, "I recommend Eachstep to everyone; it's so relaxed and chilled." Another staff member told us, "People are treated as individuals. It's definitely home from home."

The registered manager told us how they had been proactive in ensuring the service was able to meet the cultural and spiritual needs of staff and people who might choose to live in the home. This meant they had set up certain quiet rooms as 'prayer rooms' and had ensured necessary religious books and artefacts were available for people to use as they wished. During the inspection we observed a local minister attended the home to provide communion or a blessing to people who wished to participate.

There was no one receiving end of life care at the time of our inspection. The registered manager told us they had arranged for staff to attend 'Six Steps' training at the local hospice. This national training programme aims to equip staff with the necessary skills and knowledge to be able to provide sensitive and compassionate end of life care.

## Is the service responsive?

### Our findings

People who used the service told us they always received the care they needed and wanted. One person commented, "I'm very well looked after; I want for nothing." Another person told us, "The place itself is perfect, the staff are good. I can't fault it at all." This view was supported by comments we received from visiting relatives. One visitor told us, "It's a superb place; it's like a home from home."

We spoke to a person who had been admitted to one of the short stay rehabilitation beds from the local hospital. They spoke in glowing terms about the care and support they had received in the short period they had been at the home. They told us, "It is fantastic here. It has been brilliant.

I was a mess when I came here and was awful to the staff but they have helped me so much. I am moving back home on Monday as I have progressed that much. It is the best place I have been in, better than the hospital I was in. It's like a hotel."

We asked the registered manager about the systems in place to help ensure the service was able to meet the needs of people referred to the home. They told us that they did not use the term pre-admission assessment but instead held an initial meeting with the person and, if appropriate their family to discuss the support they wanted and needed from a service. They told us they tried to make this more of a conversation with people to help reassure them and gather information which was important to each individual.

We saw that information from this initial meeting was used to develop care and support plans with people. Records we reviewed showed people were asked about how staff should best support them and that a one page profile was then placed on the front of each file to document these views. We saw that eight weeks after a person's admission to the service a 'settling in' meeting was held to carry out an initial review of whether the person was happy with the support they were receiving.

We saw that support plans were reviewed on a monthly basis with the person who used the service and their family as appropriate. During review meetings people were asked to comment on three areas, "What is working, what is not working and what do we need to change?" From the records we reviewed we noted that people had provided positive feedback about the support they received. One person had commented, "I'm happy here and like the care I receive." The registered manager told us they tried to make all meetings with people as informal as possible as they considered this was the best way to enable people to provide feedback on the care and support they received.

Our conversations with staff and observations during the inspection showed the care provided to people was delivered in a person-centred way. There were no set routines for people to follow and individuals were encouraged to decide for themselves what they wanted to do each day, with staff support as required. One staff member told us, "I love it here because its people oriented. There is no set time to do anything. This means people have a better lifestyle and are happier." Another staff member commented, "Our main priority here is we like to make people feel as much as being at home as possible. That's why we don't have set times for anything. If people want to lie in they can; if they want to stay in bed they can. In a morning they can have a full English breakfast."

The registered manager told us that it had been identified by staff that a number of people who used the service disliked having their hair washed as they did not like the experience of feeling water on their head and face. In recognition that it was important for people to maintain their appearance, the registered manager had investigated what products were available for staff to use with people to avoid this negative experience. They told us they had sourced an innovative and specialist shampoo/conditioning product which staff were able to use with people without the need for water. They told us this had made a positive difference to people's experience when using the shower/bath and meant staff could now support people to maintain high standards of personal appearance in a sensitive manner. One family member told us how they were so pleased that staff had been able to encourage their relative to take a shower and wash their hair as a result of the use of this product. They commented that their relative really benefitted from this experience as they had always taken great pride in their appearance but had often been distressed by the feel of water on their head.

The registered manager demonstrated a commitment to using technology in order to improve the experience of people who used the service. They told us they were actively investigating how they could use instant translation devices such as those used in international meetings/conferences in order to better engage with people whose first language was not English. They told us they hoped the use of these devices would enable improved communication between staff and the people they supported and commented, "We will do everything we can to break down barriers."

The registered manager told us that since opening the service had been working in partnership with a leading figure internationally in personalised care. As a result of this partnership one person had been employed to work in the service two days per week for the first 12 months to support staff in developing person-centred support plans. The registered manager told us this had resulted in several versions of support plans being developed with input from staff.

We noted that a strength of the service was the way it worked in partnership with other community groups, local resources and leisure facilities to help people who lived in the home to maintain and develop friendships and interests. In recognition of the importance of links with the local community to promote a sense of well-being in people who lived in Eachstep Blackburn, the service had worked with a person from the national charity 'Community Circles' to develop circles of support around individuals who used the service. We spoke with the Community Circles Connector who worked in the service on a full time basis at the time of the inspection, although we noted the funding for their post was due to end shortly after. They told us how they had recruited a number of volunteer facilitators from the local community and that as a result there were currently 15 circles of support running within the service.

The Community Circles Connector told us it was the role of the facilitator to help people who lived in Eachstep Blackburn to develop a circle of support around them based on what interests people had and how they wanted to remain connected with their local community. They gave us numerous examples of how circles of support had impacted positively on people who lived in the home and their wider family. We were told how one circle of support had helped a person reconnect with their local church after returning to the area. Other circles had supported people to maintain important family relationships by facilitating regular visits or meetings. We were also told how another circle of support was helping a person who used the service achieve their ambition of writing and publishing a book of poetry. Another person we spoke with told us how staff had recognised their previous skills as an engineer and had made contact with a local craftsperson in order to support them to learn new skills in wood burning and etching which they told us they very much enjoyed.

The service had a full-time activity coordinator who was enthusiastic about their role and committed to

helping people to engage with whatever activities interested them. They commented, "I love it here. I never want to leave." We received extremely positive feedback about the impact the activity coordinator made on the well-being of people who used the service, particularly from relatives. One relative told us, "[Name of relative] has a more fulfilling life than they did at home." Another relative commented, "[Name of activity coordinator] is absolutely fabulous."

The activity coordinator told us how they arranged regular visits to local amenities including the theatre, parks and nature reserve. They told us they had identified through the activities undertaken that a number of people who used the service and their relatives enjoyed walking together. They were therefore investigating the possibility of setting up a canal walking group also involving people from the local community.

The activity coordinator told us they tried to be very responsive to the interests of people who used the service. They told us they worked on both a group and one to one basis with people and also supported the circles of support which were running. They commented, "I just ask people if they want to get involved with things. If they don't want to that's fine. That's how we find out more about what they like anyway."

A number of regular activities took place which included armchair exercises as well as a weekly music group run by a volunteer where people were encouraged to dance and sing. This session took place on the second day of the inspection and we noted how excited people were to attend. We also observed that the activity coordinator supported a small group of people to take part in a gardening group which they clearly enjoyed. The activity coordinator also told us how they supported individuals to go shopping or to visit local cafes and DIY shops; this helped to promote people's sense of well-being. We were told that due to the relationship the home had developed with the local football team, they had received a commitment that a number of season tickets would be made available to the service so that staff could support individuals to attend matches in the forthcoming season.

We asked the activity coordinator about resources available to support them in their role. They told us they had a substantial budget which they were encouraged to spend on new or replacement items for the activities they carried out with people. We noted there were objects and activities easily available for people to use throughout the home, including model making, arts and crafts and indoor sports equipment.

The registered manager told they recognised that Eachstep Blackburn needed to be able to meet the cultural and religious needs of all communities living in the location served by the home and were aware of the cultural barriers which might prevent this aim from being achieved. They had therefore developed a long-term partnership with a leading local community group which supported people from the South Asian community. They told this partnership had enabled them to consult with numerous individuals and groups in order to help ensure Eachstep Blackburn was able to deliver a culturally appropriate and inclusive service to all people living in the local community.

We noted that the service had won the award for Best Dementia Care Home in the National Dementia Care Awards in 2016. This award was in recognition of the home's interior design, community engagement efforts and the delivery of person-centred care.

We asked the registered manager about systems in place to enable people who lived in Eachstep and their relatives to provide feedback on the service provided. We were told that the monthly review meetings provided a regular opportunity for people to comment on the support they received. When we reviewed records from some of these review meetings we noted that feedback from people had been recorded and action taken to address any issues raised; for example one person's bedroom had been rearranged to help

prevent the risk of falls. This process meant that people were able to receive an immediate response to their concerns. One relative told us, "We have meetings once a month to go through the support plan. They [staff] go through everything and ask if there is anything they can do to make things better."

Relatives we spoke with told us staff always communicated with them in a timely manner regarding any changes in their family member's condition. One relative commented, "They [staff] are all really good at keeping in touch with us."

All the people we spoke with during the inspection told us they would speak with the registered manager or senior staff on their household if they had any concerns or complaints about their care. They told us they were confident any concerns they raised would be taken seriously although no one had had any cause to make a complaint. One person commented, "I've never needed to complain. If I did, I feel that there would be some notice taken of it." Another person told us, "I would speak to the head of staff but I've never had a complaint."

We noted there was a complaints procedure in place, including an Easy Read version and a suggestion box for people to provide feedback anonymously if they wished. We looked at the log of complaints and noted that a total of five complaints had been received since the service opened. We saw that all complaints had been properly investigated and a response provided to the complainant. The registered manager told us that a system was in place to ensure lessons learned from complaints were discussed within the staff team.

The service had not been operational for 12 months and had therefore not distributed an annual questionnaire to people although they planned to do so. However we saw there were numerous 'Thank you' cards which had been received from relatives of people who had used the service.



## Is the service well-led?

### Our findings

The service had a registered manager in place as required under the conditions of the provider's registration with CQC. We saw evidence that the registered manager regularly spoke at national conferences to promote best practice in dementia care. We noted that the registered manager had been awarded the Best Manager Award at the 2016 National Dementia Care Awards. This award recognised the registered manager's efforts to deliver an innovative model of person-centred care and put the home at the centre of the community. These were strengths we noted during our inspection.

The registered manager told us that Eachstep Blackburn was a new and evolving service with a commitment to delivering high quality personalised care. They commented that, "Our aspiration is to support people to lead better lives." Many of the people spoken with during the inspection confirmed this had been their experience of the care and support they or their relative received in the service.

Our discussions with the registered manager demonstrated they were committed to a process of continuous service improvement. One example of this was that since the service had opened there had been a process of regularly reviewing and revising the care plan recording system in order to make it as user friendly as possible.

All the people we spoke with during the inspection spoke very highly of the registered manager. Comments made to us included, "The manager is great. He knows everyone's name and always speaks to me" and "[Name of registered manager] always deals with things immediately." We also saw several written comments from relatives regarding the positive impact the registered manager made on the service. These written comments included, "We have found [name of registered manager] to be a friendly and easy going manager. He is down to earth and approachable as well as professional" and "The home is run efficiently and we feel [name of registered manager] is a good role model for the staff and residents of Eachstep."

We noted the registered manager and other senior members of staff had completed 'one page profiles' which were available in the reception area for people who used the service, relatives and other visitors to read. These gave information about the strengths of each person and what other people might notice or say about them. This helped to promote a culture of openness and transparency. The registered manager told us they intended to ensure all staff completed a one page profile which would be displayed on the households they worked in order to further promote positive and meaningful relationships across the service.

Staff told us they thoroughly enjoyed working in Eachstep. They told us they received excellent support from the registered manager, senior staff and colleagues in the service. Comments staff made to us included, "The managers are great. You can go to them with any problems", "The manager is really supportive and we all work well together" and "The managers are very good. They will deal with any concerns we raise with them."

We saw that regular staff meetings had been held within the service. Staff meetings are a valuable means of



motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Records from staff meetings showed staff were asked to discuss what was working or not working for them as individuals or as a team. Staff we spoke with told us they were encouraged to contribute to discussions at staff meetings and that their ideas were always listened to. This was confirmed by minutes we saw from one meeting which stated, "We will always listen and try to change things you have identified as not working." This demonstrated the provider's commitment to use feedback to drive forward improvements in the service.

The provider's values included a 'Can do' approach to dealing with problems and we saw evidence that the leadership team within the home put this approach into practice. The registered manager told us how they would always try and meet any requests from people who used the service in order to improve their experience; an example of this was changing the detergent used in the laundry process for particular individuals who had not liked the smell of the usual product used. Staff confirmed they were supported by the managers in the service to seek solutions to any identified problems to help ensure people received the best possible care.

Before the inspection we checked records we held about the service and saw incidents that CQC needed to be informed about, such as safeguarding allegations, had been notified to us by the registered provider. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included complaints, safeguarding, whistleblowing, infection control, medicines management, health and safety, MCA and DoLS.

There were a number of quality assurance systems in place in the service including regular audits of medicines, the environment, equipment and infection control. Actions taken to address issues identified were documented on the audits we reviewed. The registered manager told us that the provider's quality team were intending to undertake their own internal inspections based on the five key questions asked by CQC and that findings from these inspections would be used to continue to drive forward improvements in the service.

The registered manager acknowledged that the provider's central systems had failed to identify the lack of robust recruitment processes found during the inspection. However we saw evidence which showed that they had taken immediate action during the inspection to ensure the issue was escalated to the relevant director; this was in order to ensure the required improvements were made as a matter of urgency. We saw this same proactive response from the registered manager when we raised the minor issues identified during the inspection regarding care records. This demonstrated their commitment to ensuring people were protected and provided with a high quality service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Recruitment processes were not sufficiently robust to protect people from the risk of unsuitable staff. Required checks had not been carried out by the provider's central recruitment team when applicants had worked previously with vulnerable adults or children.