

Eothen Homes Limited

Eothen Residential Homes - Wallsend

Inspection report

1 Miller Way
Wallsend
Tyne And Wear
NE28 8EL

Tel: 01912598000
Website: www.eothenhomes.org.uk

Date of inspection visit:
04 July 2023
23 August 2023

Date of publication:
01 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

About the service

Eothen Residential Homes Wallsend is a residential care home providing personal care for up to 64 people. The service provides support to older people living with dementia. At the time of our inspection there were 62 people using the service.

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

Feedback about the service from staff, people and those close to them was consistent and exceptionally positive. One person told us "It's great here, people are very friendly, and the staff are nice. If you ask them for something, they will always help. It's a home away from home." One relative told us "This home is excellent, I have no issues whatsoever, I have been in many care homes for my line of work and this one is excellent. They have an incredibly sensitive manager who has supported me and my family throughout. I wish we had more home likes this one."

Risks to people were identified and systems were in place to reduce them, including falls, skin integrity, eating and drinking, and accessible means for people to go outdoors. Health and safety checks were regularly conducted. Accidents and incidents were recorded, and actions were taken to mitigate the risk of reoccurrence. Lessons were learned and shared across the staff teams as required, with reflective practice sessions being available so staff could learn what to do better next time.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and knew how to do this. The service had enough safely recruited staff who were appropriately skilled and knew people's needs to help keep them safe.

Assessments were person centred and care was very responsive to people's needs. There was an established and motivated staff team highly trained to carry out their roles effectively. The service and home environment was accessible and had been adapted to meet people's needs.

Distinctive leadership at location and provider level had achieved a service that was effective and responsive. The service was innovative and dedicated to ensuring continuous quality improvement to make a real difference for people. The provider worked alongside local universities who undertook research projects around care and wellbeing. For example, the service had been part of a research project about the benefits on people if staff didn't wear uniforms. One relative told us how this made a difference, "I like that they don't wear uniforms, I feel it puts everyone at ease."

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.

The building was well-maintained, spacious and had plenty of room for activities. Throughout the home

there were no restrictions, all residents could access all floors, gardens and communal areas as they wished. The gardens were enclosed and designed so people looped around the home and could easily find their way back in. This was well received by people and their relatives. One relative told us, "Security is excellent, nothing is locked which doesn't restrict people, but all external doors are alarmed, if someone goes outside, they know where people are and can still keep an eye of them."

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

Rating at last inspection

The last rating for this service was good (published October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service is now outstanding based on the findings of this inspection.

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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eothen Residential Homes Wallsend on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was exceptionally effective.

Details are in our effective findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Eothen Residential Homes - Wallsend

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 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.

Service and service type

Eothen Residential Homes Wallsend is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eothen Residential Homes Wallsend is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 July 2023 and ended on 23 August 2023. We visited the service on 4 July 2023 and 23 August 2023.

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 professionals who worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 7 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, 1 senior, 1 house leader, 3 care assistants, 1 domestic cleaner, 1 catering assistant and the chef. We gained feedback from external professionals.

We reviewed a range of records. This included people's care and medication records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. The provider had clear procedures and knew and understood who to contact in the local safeguarding authority if they had concerns about people being abused.
- Staff received appropriate training and were aware of their safeguarding responsibilities. They had confidence in managers to address any concerns.
- People told us they felt safe and well cared for. One person said, "I do feel safe here; everything is well set out. Staff are very helpful, they don't tell me what to do, they ask me what I want to do."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and welfare were assessed and managed. Assessments included risks within people's environment, relating to equipment they used, their healthcare needs, communication, nutrition, skin integrity and moving them safely. There was information about what the risks were and how to manage these to enable people to be safely cared for. Risk assessments and management plans were regularly reviewed.
- Health and safety certifications were up to date including water checks, electrical, gas and fire safety. Regular audits were in place to ensure the environment was safe for people.
- Accidents and incidents were reviewed to identify any trends and patterns and to reduce the risk of recurrence. Analysis of incidents was used to assess whether preventive measures were missed. Lessons were learnt to keep people safe.

Staffing and recruitment

- There were enough suitable staff to meet people's needs and care for them well. Staff turnover was low which meant staff knew people well and could provide a consistent person-centred approach. Staff turnover was low.
- Staff were recruited safely. A range of pre-employment checks were carried out to ensure only suitable staff were employed. These included DBS checks (Disclosure and Barring services), obtaining references and checking employment histories.

Using medicines safely

- People received their medicines safely. Staff supported people to take their medicines in a person-centred way and medicines were stored securely.
- Staff completed medication administration records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified

quickly.

- Where people lacked capacity to make decisions about their medicines, best interest decisions were in place and people's medicine care plans were agreed by a team of care professionals.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- Visiting was in line with government guidance and health professionals' advice. Visitors were not restricted in any way and safety was promoted while on site.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured people's characteristics under the Equality Act 2010 were protected. People were encouraged to be independent. The culture of the service supported people to make their own choices and be involved in their care as much as they wanted to be. For example, the home was set into five households, each household had a relaxed and homely feel, there were no restrictions throughout the home, people could move between the households and gardens whenever they wanted according to their risk assessments and level of ability. This was found to reduce distress of people therefore there were fewer accidents and incidents within the home.
- Care plans provided staff with a good understanding of people's needs, including relevant assessments of people's communication support needs. For example, one person's support plan went into detail about when that person may become agitated, what signs to look for and how to best to support that person by ways of distraction.
- Pre-admission assessments were completed before people were admitted to the service.

Staff support: induction, training, skills and experience

- Staff had necessary skills and experience to support people safely. The training provided was a mixture of face to face and e-learning. Staff were complimentary regarding the quality of training. A member of staff said "The training is very good. We have training face to face and online. We have our own team that support with training."
- There was innovative training available. The service had developed and introduced their own dementia care training 'Under Our Wing' which followed the butterfly model and is based on feelings and connecting emotionally with people living with dementia. This training simulated visual, auditory and touch disturbances which allowed staff to experience what it might feel like to live with dementia.
- Staff received supervisions and appraisal which looked at their performance, training and development needs. Champions roles were available for staff should further development be required in certain areas. Staff told us they felt valued as part of a cohesive team.

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

- People's nutritional and hydration needs were met. Each household had their own kitchen and breakfast bar area. People were encouraged to help themselves to drinks such as juice, tea and coffee and snacks as and when they liked with the support of staff should they require. Lunches and evening meals were prepared by the chef however, breakfast was prepared in the kitchens of each household. This allowed a more homely approach and encouraged people to be independent and make their own breakfast if able. The registered manager told us they felt this approach improved people's nutritional and hydrations needs.

- Staff monitored people's dietary needs and risks, such as those related to diabetes or choking. If there were concerns about people's nutrition and hydration, they were referred to relevant professionals.
- Silicone moulds were used for people who required a pureed diet. Moulds in shapes of sausages, chicken, sliced meats, broccoli, carrots and sandwiches were seen on the day of inspection. Staff told us of the benefits they thought this had. "People eat with their eyes, so it's nice to make it more visual and tastier for them if we can, I definitely think it helps them eat more."
- People and relatives told us they were happy with the food. One relative said, "[Person] loves the food, we couldn't fault it."

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

- The environment met people's needs. Each household was decorated in a primary colour; this was to help people with dementia orientate themselves if they were moving around the home. Best practice guidance had been followed about the use of colour and design for people with dementia. Doors that had been locked for people's safety such as cleaning cupboards and staffing areas were painted to blend in with the walls so they were not as visible.
- People's care and support was provided in a safe, clean, well-equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. Each person's room had a memory box displayed at the entrance, in the memory box personal items such as trophy's, medals, photos and figurines could be found. This supported people to know which room was theirs, but also gave a talking point for people with staff, other residents and visitors.
- There was a glass atrium that gave an outdoor feel. This atrium housed an aviary of birds in the middle and wind chimes were placed around. This supported people's sensory needs by giving a relaxing experience.
- Each household had an area displayed with staff biographies. This gave the people and visitors of the home information about the staff looking after them.

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 live healthier lives. Staff were knowledgeable about people's needs and ensured that any changes in a person's condition were noted and discussed with the healthcare professionals, senior management team and families. For example, one person's needs had recently changed and the registered manager and deputy had identified the home were struggling to meet their needs. Meetings were held with healthcare professionals and family members to discuss what action was required to better support this person.
- The provider had invested in champion roles within the service who actively supported staff. Staff completed training to ensure better knowledge in areas such as oral health, continence, freedom to speak up [whistleblowing], Lesbian, Gay, Bi and Transgender [LGBT] and nutrition and hydration. They shared information and updates with staff, and this led to better experiences of care for people and their relatives.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service had a record of all DoLS applications that had been made, the outcome of the application where that was known, and a record of any conditions on the DoLS authorisations. Records demonstrated the conditions in place were being met.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The way the service was led was exceptional and distinctive. The service was currently working with Newcastle University and the Enrich Lead for Northumbria CCG who were undertaking research projects around care and wellbeing. The most recent project they were working on was around staff not wearing uniforms and night staff wearing pyjamas. This appeared to have a very positive impact on people's lives and drastically reduced distress behaviours. We found there were very few incidents of people becoming distressed with each other, staff or attempting to break things or hurt themselves.
- One researcher said, "Eothen are brilliant to work with, as they always engage fully in any research we ask them to complete as well as identifying their own projects. Staff have really developed a thirst for research."
- People and relatives expressed huge confidence in the staff and management team and told us of the positive impact the service had on their welfare. One relative said, "It's wonderful here, I expected [person] to 'play up' when they got here but they've been so happy here. The staff are so patient."
- The service had successfully won a grant called 'Warm Zone Grant'. This meant they could offer vulnerable people living in their own homes a place to visit to reduce their energy consumption as well as advice about how to cut fuel costs. Warm food, hat, gloves and scarfs were also provided to take away.
- Staff told us how much they loved working at the service. One staff member told us "I have worked here for over 6 years and there is nowhere I would rather be. Everybody supports each other. I love my job." Another staff member said, "I am proud to be part of the team. Everybody gives 100% towards the home and the residents. Every part of the team from kitchen to domestics to maintenance contribute to the good running of the home."

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

- The registered manager had successfully embedded a robust auditing system. This included regular internal audits in areas such as accidents and incidents, risk management plans, staff training, staff supervision and reviews of people's goals. Best practice was shared throughout the team, identifying what had or had not worked well for each person. The registered manager attended quarterly 'manager skills' meetings where findings were shared with other services in the group.
- The registered manager held monthly reflective meetings. Information relating to the running of the home was openly discussed and shared amongst management and staff. This information provided accountability and oversight of what was happening in the home, and staff at every level were kept informed of improvements needed and contributed towards future development plans of the service. For example, they

looked at accidents and incidents, coroner's reports, medication management/storage. If any training needs were identified, training was organised on the back of these meetings.

- The registered manager attended North Tyneside's provider forum. This was where the local authorities and providers attended to share best practice. The registered manager discussed this information at their own team meetings.
- Feedback about the registered manager was extremely positive. One relative said, "[Registered manager] is wonderful; absolutely fantastic. They're on the ball. The way they organise staff is wonderful. They are so caring. Organisational arrangements are excellent." One staff member said, "I get amazing support off [registered manager], we have a great working relationship."
- The registered manager had recently attended the North Tyneside Carers Awards and won the award for Managing Deterioration Well.

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

- The management team were highly committed to improving the service they provided and had introduced several initiatives to help make improvements. For example, the provider had developed and introduced their own Dementia training 'Under Our Wing' which followed on from 'Meaningful Care Matters' and focused on the service's model of care. This helped staff better understand how Dementia affected the people they cared for and the best way to support them.
- Relatives commented on the excellent communication between themselves and the home, which gave them significant reassurance, especially during the pandemic. One relative told us "We got regular updates from the [registered manager] throughout covid and recently, I was asked to review [person's] care plan to see how things were going." Another relative said "During the pandemic the home acted very promptly when the rules kept changing. I was always kept up to date. The home managed covid well. They built a temporary room inside for safe visits. There was a screen between me and [person] and we both could put our hands on the screen, as if we were touching hands. I could feel the warmth through the Perspex."
- The registered manager invested a lot of time in students and worked closely with Tyne Metropolitan College providing work placements within the home. The registered manager would go to the college to meet students and give talks or presentations on what it is like to work in the care sector and the benefits it has. The service held recruitment days at the college.

Working in partnership with others

- The registered manager and staff continued to work in an extremely collaborative way with other healthcare professionals. They had proactively worked with a local pharmacist, GPs and consultants to ensure people could access appropriate medical care in a timely manner.
- The service worked with an organisation called 'Gene Wish' this organisation fulfils wishes that people may have. A number of people had their wishes fulfilled. For example, one individual had a love of Newcastle United Football Club, they were taken on a tour around St James Park and enjoyed a pint in Shearer's Bar.
- Many different organisations visited the home regularly including local churches and a Dementia organisation, 'Singing for the Brain'. 'Singing for the Brain' helped people living with dementia improve their brain activity and wellbeing through music. It was also a social opportunity for people in the home to get together and sing songs they knew and loved, in a fun and friendly environment.

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 understood their responsibility in relation to the duty of candour. They had responded appropriately, being open and transparent when things went wrong. There were systems in place should they need to report certain incidents.

