Community Integrated Care

Eachstep Blackley

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Eachstep Blackley is a nursing and residential care home providing personal and nursing care to 55 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

The home has two nursing households and three residential households for people living with dementia across three florrs. Each household is able to accommodate up to 12 people. Each household has a kitchen, dining and lounge area. All bedrooms have an en-suite shower, with adapted bathing facilities available on each floor.

People's experience of using this service and what we found
People across the service had person-centred care plans and risk assessments in place. These identified people's support needs and gave guidance for care staff in how to meet these needs.

Since our last inspection, the quality assurance system had been improved and was more robust. A planned series of audits were undertaken and management reports monitored a range of topics, including people's weights and pressure area care.

People received their medicines as prescribed. Staff liked the electronic medicines administration record system as they thought it reduced the risk of medicines errors being made.

People and relatives thought they were safe living at Eachstep Blackley. All accidents and incidents were recorded and reviewed to identify any actions to reduce the risk of a re-occurrence.

Equipment was checked, maintained and serviced in line with regulations and guidelines.

Staff were safely recruited. There were sufficient staff to meet people's needs, but staff were busy at key times which meant there were no staff in the communal areas of the households for up to 20 minutes at a time. This could be a risk if people became anxious. Domestic staff completed all care courses and were visible on the households during the morning busy period.

Staff received the training and support to carry out their roles. Staff were positive about the support they had from the nurses, senior carers and managers.

The home was visibly clean throughout. People and relatives told us it was always clean.

People were supported to maintain their health. Referrals were made to medical professionals appropriately. Medical professionals were positive about the home, saying staff were always available to support the person during their visit and knew the people they were coming to see.

People were supported to maintain their food and fluid intake. Meals were bought prepared and so had the correct nutritional values and consistency. People's weights were monitored and fortified foods offered to those at risk of losing weight.

People and relatives said that staff treated them with dignity and respect. Staff clearly explained how they maintained people's privacy and independence when providing support.

People's cultural needs were recorded and were being met. A range of culturally appropriate meals were available. People's communication needs were recorded, and staff knew how they communicated and made decisions.

People and their relatives were involved in agreeing the care plans. Meetings were held for residents and relatives to gain their feedback. An annual survey was also conducted.

A planned activity was arranged each day, mainly in the afternoons. We did not observe staff having the time to engage people in activities on the households as they were busy supporting people.

Eachstep had a range of links with the local community, including local schools and students volunteering at the service as part of their health and social care college course. The building was used as a community hub, with a café and space for community groups to meet, for example a dementia support group for people living in the local area.

Many people's end of life wishes were not recorded. The registered manager said a lot of people did not want to discuss this. A new model to support people at the end of their lives called Palliative Care for Older People (PACE) was being introduced. However, the recording of end of life wishes had not progressed since our last inspection when a model of care called the Six Steps was to be used to encourage people to discuss their end of life wishes.

A relative told us the end of life support for their relative was very good. Staff knew the support they required to be comfortable.

Complaints were responded to appropriately.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection and update
The last rating for this service was Requires Improvement (published 26 June 2018) and there were three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Eachstep Blackley

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by an inspector, an assistant inspector and an Expert by Experience on the first day. 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 inspector returned for the second day of the inspection.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

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 work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with eight people who used the service and nine relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, deputy service manager, clinical lead, nurses, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people living in the residential households. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

● Staff knew the support people needed to reduce the risk of avoidable harm. Risk assessments provided guidance for staff to keep people safe. These were reviewed each month.
● Care plans were in place for people who may become anxious or agitated. Guidance was included for how staff should support them to reduce their anxieties and any associated behaviours. All staff had completed training in managing actual or potential aggression (MAPA).
● A range of weekly and monthly checks were completed, for example for the fire alarm, emergency lighting and general health and safety. Equipment was serviced and maintained in line with regulations.

Staffing and recruitment
● Our observations showed that staff were able to meet people's needs. However, during the busy morning period there were occasions when there were no staff in the communal areas of the residential households for up to 20 minutes at a time. This could put people at risk if the people in the lounge area during this time became anxious or agitated or were at risk of falling.
● There was always at least one trained nurse on duty at all times.
● Feedback from staff, people and relatives was mixed about the staffing levels at Eachstep Blackley, especially for the residential households. A member of staff said, "Sometimes there's enough staff and other times not, it depends on the day." One person told us, "Staff are often busy, but if we bump into each other, they will have time to chat with me" and a relative said, "Some residents need more attention when they are poorly. Two staff often get busy and that leaves one staff around for other residents."
● A visiting medical professional told us there were always staff available to support them when they visited.
● The registered manager showed us the dependency tool used for calculating the staffing requirements across the nursing and residential households. An evening shift had been started to cover the busy tea and bed times. Additional staff were added to the rota if people were ill or at the end of their life and required additional support. Domestic staff completed all the care staff training and were planned to be on the

households during the busy morning period.
● Staffing levels had been raised by members of the staff team and discussed at the last staff meeting in March 2019 and the registered manager had explained how the staffing levels were calculated. Staff we spoke with accepted this explanation.
● Staff were safely recruited. A centralised system had been introduced and staff were not able to start working until all checks had been completed.

Using medicines safely
● People received their medicines as prescribed.
● An electronic medicines administration record (eMAR) system was used. This gave a warning to staff if the prescribed medicine was not due to be administered at that time or there had not been a sufficient time gap between doses.
● Staff told us they liked the eMAR system, with one saying, "I really like it; the overdose risk is reduced as it tells you if there hasn't been enough gap, it has all the allergies on the screen. Basically, it stops more (medication) errors happening."

Preventing and controlling infection
● Eachstep Blackley was visibly clean. Cleaning checklists were used to ensure all areas had been cleaned as planned.
● People and their relatives told us the home was always clean.
● Staff had access to personal protective equipment (PPE). Observations of staff hand hygiene were also completed.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives thought they were safe living at Eachstep Blackley. One person told us, "Safe; yes, that is a definite" and a relative said, "100% safe here. [Name] has been here for five years and we have no complaints".
● Staff had completed safeguarding training and knew how to report any concerns they may have. They were confident that the registered and deputy managers would follow these up appropriately.

Learning lessons when things go wrong
● All incidents and accidents were recorded by the senior care workers or nurses. Additional observations on people's wellbeing were carried out by care staff following an accident or incident.
● An electronic events tracker was used to monitor all incidents, review them for any patterns or repeat incidents for the same person and to record the actions taken to reduce the risk of a re-occurrence. This also recorded that the relevant risk assessments and care plans had been reviewed.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were positive about the training and support they had to carry out their role. Domestic staff also completed care training courses as they were visible within the households and interacted with people as part of their role. Staff training and supervisions were up to date. They were monitored by the deputy service manager.
- Clinical training, for example catheter care, was arranged for the nurses as it was needed.
- Staff had taken part in a dementia bus training day where they experienced the effect living with dementia could have on a person's mobility, sight and perceptions. A relative said, "[Name] wasn't happy in another home. Staff here have got knowledge in dementia and she is happy here."
- Nine senior support workers and one support worker had been enrolled on an advanced carer course to enhance the skills available within the home. Senior staff had also completed falls prevention workbooks, which had increased their awareness of what may cause a person to fall.

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

- People were supported to maintain their nutritional needs. Where people were at risk of losing weight, referrals were made to dieticians and the speech and language team.
- People said they enjoyed the food, saying, "The food is quite good; there are alternatives if I want." A relative said, "The dietitian has sorted the meals and staff are monitoring [name's] weight and fluid intake."
- The main meals were bought pre-prepared and re-heated within the home. These were nutritionally balanced and were of the correct consistency, for example soft and bite sized or pureed to reduce the risk of choking. Night staff could prepare these meals for people if, due to their dementia, they slept during the day and were awake at night.
- The registered manager monitored people's weights across the home each month through a tracker matrix. This also recorded what action, for example if a referral had been made to a dietician or a fortified diet started, where people had lost some weight.

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

- Each household was designed for 12 people, with a communal kitchen, dining and lounge area. Bedrooms were located around this area or along one short corridor. This helped people living with dementia to orientate themselves within the household.
- The ground floor household had direct access to an enclosed garden. The dementia residential households on the first floor were connected, allowing people to walk between the two households.

● Adapted bathing facilities were available on each floor. Walk in showers were part of each person's en-suite bathroom.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to meet their healthcare needs. Their health needs were identified in their care plans, for example skin care and diabetes support.
● Information about people's health conditions and how it may affect them, for example dementia, was also included in care files.
● Referrals were made to medical professionals, for example GP, district nurse and falls team as required. Medical professionals we spoke with were positive about Eachstep Blackley and the support provided by the staff team during their visits. We were told, "They (the staff) know about the residents and can always answer the questions we have.''
● Eachstep Blackley could access the home intravenous therapy team (HITT). The aim was to diagnose when a person was unwell and start intravenous antibiotics quickly to reduce hospital admissions.
● A bi-monthly mental health clinic was held at the service by the mental health team. People's mental health and medicines could be reviewed at the clinic.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● An assessment of people's needs was carried out before people moved to Eachstep. This enabled the service to ensure they were able to meet the person's needs and that any known behaviours could be managed, giving consideration to the needs of people already living at the home.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

● The service was working within the principles of the MCA.
● People's capacity was assessed. Where people lacked capacity best interest decisions were made for each decision required, for example the person's care at the home or if medicines needed to be given covertly. Covert medicines administration is where the medicine is given in a disguised form, for example in food or drink.
● DoLS applications were made when required and regularly followed up with the authorising authority.
● When required, independent advocates supported a person to ensure decisions made were in their best interests.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were complimentary about the staff team at Eachstep. We were told, "Staff care is exceptional" and "The staff are kind and have respect. Like friendship." A relative told us, "The staff are definitely kind and caring."
- Staff knew people and their care needs. People's likes and dislikes were recorded in their care file, along with a brief life history. A description of people's preferred morning and evening routine was also included.
- People's cultural needs were noted. One person said, "They know I don't eat meat, so I enjoy fish, eggs or cottage cheese." A range of culturally appropriate meals could be provided through the catering company, for example halal meat.
- A member of staff was a Christian minister and supported people with holy communion if they wanted this. The home had established times for the sensory room to be used by staff as an all faiths prayer room.
- A range of information guides about supporting people who identify as lesbian, gay, bisexual or transgender (LGBT) was prominently displayed on noticeboards within the homes. Staff completed an equality and dignity course as part of their annual training.

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

- People and / or their relatives were involved in agreeing their care plans.
- People's communication needs and how they made decisions was recorded in their care plans. Staff could explain how they provided people with day to day choices, for example for their meals and clothes.
- Relatives said they were informed about any changes in their relative's health or wellbeing. One relative said, "There's good communication with us if there are any changes for [name]."

Respecting and promoting people's privacy, dignity and independence

- Staff described how they maintained people's privacy and dignity when providing personal support, including explaining to people what they were doing throughout the support.
- A relative told us, "Respect for residents, I think they have it. Absolutely brilliant staff" and another said, "Staff have always treated [name] with dignity & respect."
- Care plans included information about what people could do for themselves. Staff explained how they encouraged people during their support to complete part of the tasks themselves.
- We observed some people taking pots back into the kitchen after their meal and staff encouraging people

to mobilise independently.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection there was a lack of information about people's care and support needs in their care files. This was a breach of Regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to 3 (a).

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 9.

● Each person had person-centred care plans in place which detailed their support needs to maintain their health and wellbeing. Care plans were reviewed each month, using a monthly review pack to record that this had been completed.
● A checklist was used to ensure key care plans and risk assessments were completed within 24 hours of the person moving in.
● A one-page profile provided a brief overview of what was important to people and how best to support them.
● Staff told us they were given a verbal handover about people's support needs when they moved to the service.
● On the residential households the seniors held a hand over between shifts. The seniors then updated the care staff on each household about any changes in people's health and wellbeing. Staff said they also asked the care staff they were taking over from if there had been any changes they needed to know about. On Thornlea we observed that the night staff left when the day staff arrived. Following the inspection the provider told us the night staff had told the day staff that there had been no issues overnight and that everyone was okay. However the lack of time available for staff to pass on any information means day staff may not have all the information they need until the senior comes onto the household after their handover. All the other care staff we spoke with said they did speak to the night staff about any changes in people's support before they finished work in the morning.
● Technology, for example sensor pads, were used where it was assessed that they would reduce people's risk. The sensor pads could alert staff if a person was getting out of bed so they could provide support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● There was a planned activity arranged every day, mainly in the afternoon. People and relatives said they were happy with the activities provided. People said, "I look forward to the activities" and "I like knitting and sometimes I go to the garden." Relatives told us, "They have entertainment, music on Tuesday's, arm exercises, craft sessions" and "Everyday there is something happening. [Name] gets her hair done every week."
● A reminiscence magazine (the 'Daily Sparkle') was available for people and staff to use to promote reminiscing about past events. Craft boxes were also available on each household.
● However, during our inspection our observations showed there was little time for care staff to engage people in activities, as they were busy supporting people. We discussed this with the registered manager and activities co-ordinator, who explained that supporting people with activities was part of the care staff role and they would do this when they could, often later in the morning or in the afternoon.
● Eachstep had also established links with local schools and community organisations. The local scouts visited every three months. One person had won an award for showing pupils from a local school how to grow vegetables and then cook them to make a soup. Students studying a health and social care qualification at the local college volunteered at Eachstep as part of their course.
● The Eachstep Blackley building had a community café, which was also used by local groups, for example a monthly dementia café to support local people living with dementia and their carers and art and reminiscence sessions held by Age Exchange.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's communication needs and how they made decisions was recorded in their care plans. We observed staff verbally providing information for people, for example the menu choices, if they were unable to read the menu themselves.
● Picture cards were available for one person who did not speak English.
● Notice boards were used on each household to provide written and visual information about upcoming events.
● Eachstep could provide information in large print or other formats if required.

Improving care quality in response to complaints or concerns
● A formal complaints policy was in place, details of which were on the notice boards in each household.
● A log of any complaints made was kept so any patterns to the issues raised was identified. All complaints had been investigated and responded to appropriately.
● Relatives said that they would raise any issues or concerns they had with the household seniors or nurses and these were then resolved. A relative said, "I can talk with the manager at any time."

End of life care and support
● People's wishes for their care at the end of their life and after their death were not always recorded. The registered manager said people and their relatives often did not want to talk about their end of life care.
● A relative told us the end of life care for their relative was very good. However, their end of life care plan was written on the first day of our inspection. Staff knew the support they required to remain comfortable. We also saw thank you cards from families expressing their gratitude for the support their relative had received at Eachstep, including at the end of their lives.
● Where people had discussed their end of life wishes these were recorded and included details of any religious or cultural wishes. Funeral preferences and arrangements were also identified.

● The registered manager said the home were going to use the Palliative Care for Older People (PACE) model to support people at the end of their lives. PACE is a European study into palliative care across Europe. Three staff had completed PACE training and were due to inform colleagues about programme. Staff could then have the confidence to discuss people's end of life wishes with them and their relatives.
● At our last inspection we were told the service was due to start working with the Six Steps programme to promote conversations about people's end of life wishes. The registered manager said this programme had "fizzled out" and so they had looked into a different end of life programme. Eachstep Blackley is linked into research projects for care and so had access to the PACE programme.
● The service had not progressed it's end of life planning since our last inspection.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the quality assurance system was not robust and had not identified the issues we had found. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

● Since our last inspection, a more robust quality assurance system had been introduced, giving the registered and deputy managers had a much greater oversight of the service.
● Regular audits for care plans, medicines, nutrition and catering were completed. Trackers were used to monitor falls, incidents, people's weights, pressure area care, health and safety checks, Deprivation of Liberty Safeguard applications and staff training.
● The deputy and registered manager were aware of the reasons why people may have had more than one fall. For example, one person had started to have seizures which had resulted in several falls in a short space of time. The number of falls had greatly reduced after the seizures were better controlled through a change in medication.
● The provider's regional manager did a monthly visit report, where observations were made around the home and records sampled.
● Actions required to improve the service were recorded at each audit and checked to ensure they had been completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives said that the senior carers, nurses and managers were approachable and they could raise any concerns they had directly with them.
● People and relatives were involved in agreeing their care plans.
● Separate resident and relative's meetings were regularly arranged. A relative said, "In the meetings staff will listen to the suggestions we make." An annual survey was organised by the provider and the results

given to the home, so they could address any issues raised. The survey was in the process of being sent out at the time of our inspection.

● Regular staff meetings were held for the whole staff team and also additional meetings for nurses, senior carers and domestic staff.

● The Eachstep Blackley building was also used as a community hub, with a café and space for community groups to meet. Links with local schools, colleges and scouts had been made.

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

● Staff said they enjoyed working at the service. The clinical lead, nurses, senior carers, deputy and registered managers were all approachable and the care staff felt able to make suggestions or raise concerns.

● The registered manager notified the CQC appropriately of any accidents and incidents at the service. All complaints were responded to within the timescales set in the providers policy.

● Relatives said they were kept informed about any changes in their relative's health or wellbeing.

Continuous learning and improving care; Working in partnership with others

● The service worked with medical professionals, community services and local authority social workers. Information was shared appropriately where required.

● Medical professionals said staff were knowledgeable about the people living at the home and would support the person during their visit.

● A range of information was analysed each month, for example incidents and accidents, falls, people's weights and pressure area care to assess if there were any patterns identifiable and ensure appropriate actions had been taken to reduce the risk of a re-occurrence.