

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Eco Nights

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Date of Inspections: 23 October 2013  
04 October 2013

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November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✗	Action needed
<b>Safeguarding people who use services from abuse</b>	✗	Action needed
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Eco Wings and Nights Ltd
Registered Manager	Mrs. Victoria Holder
Overview of the service	<p>Eco Nights provides pre-planned short term respite care for younger adults aged between 19 and 30 years of age. This may include younger adults who have a range of complex needs such as learning disability, autism and physical disability. Respite care can be arranged on a one off or a regular basis. It can also be arranged for short periods of time (such as a few hours) or for longer stays such as a weekend or a week or more.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Eco Nights had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 October 2013 and 23 October 2013, checked how people were cared for at each stage of their treatment and care and reviewed information given to us by the provider.

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### What people told us and what we found

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This was a follow up inspection and the purpose of this was to check if the provider had addressed previous identified shortfalls. We completed the inspection on 04 October 2013 and 23 October 2013, and spoke with the provider and newly appointed manager.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work. We found that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. This referred specifically to staff training and supervision. The provider had an effective system to regularly assess and monitor the quality of service that people received.

Further improvements were required in relation to care plans and risk assessments. Also ensuring that where restraint was used a clear audit of interventions provided by staff was maintained.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 22 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✕ Action needed

**People should get safe and appropriate care that meets their needs and supports their rights**

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#### Our judgement

The provider was not meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Further improvements were required to ensure that care plan assessments and risk assessments were robust.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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#### Reasons for our judgement

At our last inspection to the service on 14 May 2013 we had moderate concerns about the provider's arrangements to protect people against the risks of receiving care and support that was inappropriate or unsafe. We received an action plan from the provider in June 2013 telling us what they would do to become compliant.

The manager told us that since May 2013, a computerised care plan system had been introduced (Eco Nights Cloud). The manager advised that this enabled the management team and support staff to maintain the status of all day-to-day tasks at a glance and to ensure that important tasks were not overlooked or missed and that these are completed on time. For example, updating of care plans and risk assessments. The manager confirmed that they were in the process of transferring information from people's files to the computerised data base.

There was evidence to show that prior to each short term respite visit, updated information had been sought from the young person's relative and/or those acting on their behalf so as to inform the support plan. The support plans for five young people were viewed. We found that improvements had been made by the provider to ensure that the support plan was person centred and provided information necessary to deliver care and support that meets the young person's needs. However some minor improvements were required to ensure that the information recorded was more detailed. For example, the support plan for three young people made reference to them having specific complex communication needs, such as use of 'objects of reference', PECS (Picture Exchange Communication System) and/or makaton. No information was recorded detailing which 'objects of reference' or makaton signs the young person commonly used. This means that as a result of gaps, the delivery of care may not be reliable to meet the individual needs of the young person who

receives a respite service.

The records for two young people showed that each person had their medication added to either food or drink so as to enable the young person to take their medication. We found that there was no evidence to show that this had been discussed with the young person's GP and/or pharmacist.

Risk assessments were much improved and completed for all areas of assessed risk. However we found in some cases that it was not always clear as to what the specific risk was for the young person. For example, the risk assessment for one young person made reference to them having a sensory impairment. There was no information recorded detailing how this impacted on the young person and the specific risks involved. Where manual handling assessments were in place these had not been reviewed and updated since January 2013.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Improvements were required to ensure that the provider had suitable arrangements in place to protect people against the risk of restraint.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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At our last inspection on 14 May 2013 minor concerns were identified as the provider did not have suitable arrangements in place to maintain a record of all allegations and incidents of abuse: and not all staff had received safeguarding of vulnerable adults training. We received an action plan from the provider in June 2013 telling us what they would do to become compliant.

The manager told us that since May 2013 there had been no safeguarding alerts raised against the service or raised by them. The manager provided an assurance that should the need arise they were fully aware of their role and responsibilities in relation to safeguarding people who used the service from abuse.

A copy of the staff training matrix was forwarded to us following the first day of inspection. This showed that 13 out of 15 members of staff who worked at Eco Nights had received safeguarding training in 2011 and 2013. The records showed that two newly employed members of staff had yet to receive this training.

The training matrix showed that 12 out of 15 members of staff had received disengagement and physical intervention skills training. This means that staff providing support have the skills and/or ability to respond appropriately in preventing behaviour that presents a risk.

We viewed the service's incident records. These showed that restraint had been used by a member of staff with a young person as a result of behaviours displayed. We found that the record lacked detail as it did not provide any information relating to the type of restraint used and the amount of time that the restraint was used. In addition there was no information recorded detailing what de-escalation steps had been taken prior to restraint being used and no evidence of the outcome. The training matrix showed that the member of staff who had provided the restraint to the young person had received disengagement



and physical intervention training. Another incident record detailed that two young people had displayed challenging behaviour towards one another. We found that there was no information recorded relating to staffs interventions and no evidence of the outcome.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

At our last inspection on 14 May 2013 moderate concerns were identified as the provider did not have an effective recruitment procedure. We received an action plan from the provider in June 2013 telling us what they would do to become compliant.

The provider was able to demonstrate that appropriate checks were undertaken before staff began work and that they were proactive and had a good understanding of equality and diversity throughout the recruitment process. This was noted to take into account people's gender, age, sexual orientation and ethnicity.

We looked at the staff personnel records for three members of staff and these showed that all records as required by regulation had been sought. For example, staff had completed an application form and any gaps in the employment record had been explored. In addition there was proof of identification, satisfactory evidence of conduct in previous employment, health declaration and evidence of a satisfactory check having been undertaken by the Disclosure and Barring Service (DBS). The latter helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The DBS replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The provider may find it useful to note that out of three staff files viewed, one person was noted to have only one written reference and this was not from their most recent employer. This was not in line with the provider's recruitment policy and procedure. This stated, "At least two satisfactory written employer references have been received for that candidate, including one from the last employer."

The manager told us that there was a three month probation period for staff. The aim of the probation period is to provide a settling in period for the employee and a period to enable the provider to assess the employee's ability and attitude to work. The manager confirmed that the probation period could be extended if needed.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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At our last inspection on 14 May 2013 we had moderate concerns that the provider did not have appropriate arrangements in place for staff to receive training and formal supervision. We received an action plan from the provider in June 2013 telling us what they would do to become compliant.

The manager confirmed that mandatory training in core subject areas were completed at annual, bi-annual and three yearly intervals. This referred to manual handling, first aid, administration of medication, safeguarding of vulnerable adults, COSHH (Control of Substances Hazardous to Health), food hygiene, disengagement and physical intervention skills, epilepsy awareness, infection control, fire safety awareness and health and safety. A copy of the staff training matrix was forwarded to us following our first day of inspection. This showed that since our last inspection in May 2013, support staff had received updated training throughout June 2013 and July 2013 in a variety of areas. The records also showed that some staff required training in epilepsy awareness and Buccal Midazolam; and first aid. The manager provided us with the details of scheduled training planned for October 2013 and November 2013. This included first aid training for staff on 31 October 2013.

The induction records for three newly employed members of staff were viewed. Records showed that each person had received an 'orientation induction'. The manager confirmed that each employee had previous experience of working within a care setting and therefore their Skills for Care Common Induction Standards and/or a comparable course would be tailored to their individual needs.

The supervision records for five members of staff were reviewed. Our evidence showed that staff had received regular formal supervision. Where issues were highlighted for improvement and/or action, an action plan was not completed detailing how these were to be addressed and the timescales for these to be met.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

### Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

### Reasons for our judgement

At our last inspection on 14 May 2013 we had moderate concerns that the provider did not have an effective system in place to assess and monitor the quality of the service provided. We received an action plan from the provider in June 2013 telling us what they would do to become compliant.

There was evidence at this inspection that the provider had made significant improvements to assess and monitor the quality of the service provided. This had resulted in compliance being achieved with outcome 12 (requirements relating to workers) and outcome 14 (supporting workers) and improvements with the remaining outcomes inspected.

The manager told us that a computerised system (Eco Nights Cloud) had been introduced since our last visit to enable the management team and support staff to maintain the status of all day-to-day tasks at a glance and to ensure that important tasks were not overlooked or missed and that these are completed on time. For example, care plans for people who used the service, staff training, supervision and appraisal. Tick chart audits relating to catering, maintenance, infection control, medication, incidents and general record keeping were still in place. The manager told us that all of the audits would be completed through the Eco Nights Cloud computerised data base.

The manager told us that a questionnaire was sent with the young person to their relative and/or those acting on their behalf after each period of short term respite received. The purpose of this was to check if the young person had enjoyed their stay at Eco Nights. We reviewed several completed questionnaires since 14 May 2013. The comments were noted to be very positive and included, "[Name of young person] loves going to Eco Nights and as long as they are happy so am I", "[Name of young person] is always happy to be at Eco Nights as it's a very relaxing atmosphere", "Eco Nights always provide quality care and cater for [name of young person] needs which is why they are happy to go." and, "No need to improve anything as it works well for [name of young person]."

Records showed that regular staff meetings were held each month. The provider may find

it useful to note that where issues were highlighted for action, no action plan was completed detailing how this was to be addressed and the timescale. We also found that issues highlighted were not discussed at the next meeting to ensure that these had been completed.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b> Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Further improvements were required to ensure that care plan assessments and risk assessments were robust. Regulation 9
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safeguarding people who use services from abuse</b>
	<b>How the regulation was not being met:</b> People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Improvements were required to ensure that the provider had suitable arrangements in place to protect people against the risk of restraint. Regulation 11(2)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 22 November 2013.

**This section is primarily information for the provider**

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.





## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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