

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

Care and welfare of people who use services

✓ Met this standard

Safeguarding people who use services from abuse

✓ 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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 August 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

This was a follow up inspection as, when we inspected Eco Nights on 4 and 23 October 2013, we had minor concerns that some people were not receiving care individual to their needs. The provider wrote to us and told us the action they had taken, or would take, to address the identified shortfalls. We spoke with two staff members and the registered manager. We reviewed two people's care records. Other records viewed included staff training records and policies. We considered our inspection findings to answer questions we always ask: Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led? This is a summary of what we found:

Is the service safe?

When we arrived at the service the staff asked to see our identification. This meant that the appropriate actions were taken to ensure that the people who used the service were protected from others who did not have the right to access their home.

We saw that the staff were provided with training in safeguarding of vulnerable adults from abuse, and the Mental Capacity Act (MCA) 2005. This meant that staff were provided with the information that they needed to recognise signs of abuse and respond to any concerns identified.

Is the service effective?

People's care records showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The records were regularly reviewed and updated which meant that staff were provided with up to date information about how people's needs were to be met.

Is the service caring?

We saw that people were relaxed in the company of staff. We saw that staff were attentive to people's needs. Staff we spoke with were able to demonstrate that they knew people well. We saw that staff treated people with dignity and respect.

Is the service responsive?

People who used the service were provided with the opportunity to participate in activities which interested them. People's choices were taken in to account and listened to. We saw that when one activity was cancelled for a person without notice, the service immediately organised another activity.

Is the service well-led?

The service had a number of quality assurance measures in place. The registered manager was proactive in monitoring and looking for ways to improve the service. We saw that the quality of the service had been maintained.

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

More information about the provider

Please see our website 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

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We reviewed this outcome as a follow-up from our last inspection on 4 and 23 October 2013. We had minor concerns that some people were not receiving care individual to their needs. The provider wrote to us and told us the action they had taken, or would take, to address the identified shortfalls. At this inspection on 6 August 2014 we found that the necessary improvements had been made.

Since our last inspection the service had changed to a fully computerised system for managing care documentation. The registered manager showed us how the system was able to identify when care plans and risk assessments that needed to be reviewed. The system showed when changes to care documentation were made. It was able to identify that staff had accessed the system and had read any changes or updates made. This told us staff were supporting people with the most up to date knowledge of their care needs.

At the time of our inspection on 6 August 2014, two young people were using the service for respite care. One person had left to attend a day centre and the other person was waiting to attend an ice skating trip. We reviewed both people's care records. We found that before people came to stay at the service for respite care a meeting was held with the person and their relatives or carers. At this meeting information was gathered about their support needs. The relatives completed their own assessment detailing how support was to be provided. All this information was then transferred into a support plan to provide staff with the information they needed to provide care.

We saw that the support plans were person centred and took into account people's likes, dislikes and preferences. The support plans gave full details, for example, of how to assist people eating, mobility, communication and personal care. Where communication difficulties were identified, the support plans fully explained to staff how to communicate with the person. For example, where one person had poor vision, it explained to staff how to show objects to the person in their line of sight and how the person liked the use of touch to communicate effectively. Another person's support plan explained to staff how to communicate verbally with the person using short sentences, key words and allowing time

to respond. This meant staff were provided with the information they needed to treat people with dignity and respect.

At our last inspection it was identified that medication was given to some people at the same time as their food or drinks without prior discussion with their GP to check if this practice was safe. We saw at this inspection that the service had written to people's GP's asking for direction when medication had to be given in this manner to ensure it was safe to do so. This information could then be incorporated into the care plan, so that staff had the appropriate guidance.

We saw that a range of assessments were completed including risk assessments, manual handling and personal evacuation plans. These assessments had been updated three monthly where appropriate. This was an improvement on our last inspection.

During our inspection we saw that staff interacted with people in a kind and friendly manner and were responsive to their needs. For example, where one person had their day centre visit cancelled the service immediately arranged for them to attend another activity in the community which was ice skating.

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

Our judgement

The provider was 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.

Reasons for our judgement

We reviewed this outcome because at our last inspection on 4 and 23 October 2013 we had minor concerns about staff record keeping of incidents and staff training. The provider wrote to us and told us the action they had taken, or would take, to address the identified shortfalls. At this inspection on 6 August 2014 we found that the necessary improvements had been made.

During our inspection we saw people were relaxed in the company of staff. We observed staff were caring, and treated people with dignity and respect.

We saw that the service clearly displayed information for people on who to call if they were concerned about their safety or any suspected abuse. We reviewed policies and saw the provider had clear policies on safeguarding and whistleblowing for staff. The policies were reviewed yearly and had been reviewed in February and July 2014. We saw that the registered manager was able to identify that staff had read updated policies on their computer system.

We looked at incident reports and saw that the level of detail in these reports had greatly improved. We saw that the reports clearly documented which de-escalation techniques had been used when a person became upset or aggressive. When restraint was needed and used the report identified how the restraint was carried out. For example, a staff member sitting on a sofa holding hands with the person but still allowing movement. The report showed how long the restraint was needed for and how the person behaved during this time. The report identified what triggers may have led to the behaviour and any lessons learned to prevent further episodes.

The registered manager told us that they had spent time teaching staff how to complete these reports and the importance of the information that was contained in them. We noted that the service did not have many incidents of this nature.

We reviewed training records and spoke with staff. We saw staff had been trained in safeguarding and protecting vulnerable people. We spoke with one member of staff and the manager. They were able to identify different types of abuse and what they would do to

safeguard people if they were concerned that a person was being abused. They were able to explain how they would report concerns to outside agencies. These included the local authority safeguarding team responsible for investigating suspected abuse. This told us staff were provided with the information they required to protect vulnerable people.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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