

Eothen Homes Limited

Eothen Residential Homes - Wallsend

Inspection report

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Wallsend
Tyne And Wear
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Website: www.eothenhomes.org.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 28 and 30 June 2017 and was unannounced. This was the first inspection of the service which was registered with the Care Quality Commission in May 2016. Eothen Residential Homes - Wallsend is a care home for people who are living with dementia. It is registered to provide accommodation for up to 52 people. At the time of the inspection there were 42 people using the service.

The home had a registered manager who had been registered since May 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider displayed a clear commitment to providing innovative dementia care through research, design, training and support. Working together with a dementia care organisation, the provider designed the environment to maximise people's independence and wellbeing. People had constant access to safe, enclosed landscaped gardens. People lived in 'households' of up to thirteen people, each with their own kitchen area. This inclusive design meant people could maintain and improve upon their independent skills.

People who used the service and staff dined together to promote the culture of a family home. Staff prepared breakfasts in the household kitchens which enabled people to see and smell their meal being made. People told us the food available in the home was varied and of a good quality. The chef was aware of people's needs. People were able to assist staff with household tasks such as washing or drying up if they wanted to. We saw a number of examples of the provider's strong emphasis on delivering a home from home experience.

The provider had designed a creative and thorough training program to ensure staff had the skills and knowledge to deliver their model of care. Training focussed on feelings and connecting emotionally with people living with dementia. Staff were animated and passionate when describing the care provided in the home. They told us about dementia experiential training they had attended which included distorting people's vision and dexterity to help staff to understand how people with dementia may feel.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Applications had been made for Deprivation of Liberty Safeguards (DoLS), where it was considered that people would be unable to keep themselves safe if they were to leave the home unaccompanied.

People had access to a range of healthcare professionals to maintain their health and wellbeing. Staff accompanied people to appointments at the hospital, or at their GPs or dentist. Healthcare professionals we spoke with, who visited the home regularly, were very positive about the care provided at the home.

Appropriate arrangements were in place to protect people using the service from abuse or any concerns in relation to their safety. Staff we spoke with were clear on their responsibilities in identifying and identifying and responding to safeguarding concerns. All staff we spoke with told us they felt any concerns would be properly dealt with by the registered manager.

Risks were well managed. Risk assessments showed a positive response to risk taking where it enriched people's lives. People were supported to be independent and any risks were assessed with mitigating actions identified to ensure people's care was delivered as safely as possible.

There were enough staff to meet people's needs. During our inspection we saw the atmosphere in the home was calm and relaxed and this was confirmed by people and relatives' feedback. Comments received throughout the inspection were that there were enough staff to meet people's requests for assistance promptly and to allow staff time to spend quality time with people chatting or taking part in activities. Safe recruitment procedures had been followed. The provider told us recruitment was valued based to enable the home to employ people based on their caring nature and drive to work in care.

People we spoke with and their relatives consistently told us that staff were caring and that they were happy with the care provided. During our observations we saw staff were friendly, engaging and knew people very well. Staff talked with people about their hobbies, plans for the day and their families. One person owned a dog who meant a lot to them. Plans had been put in place for staff to ensure the dog was well cared for so it could continue to live with its owner. Relatives told us they felt welcome at the home, the registered manager had facilitated a monthly relatives meeting, which was so well received it was now organised by the family members themselves. Relatives were regularly invited to social activities including a twice weekly pub night, which often included karaoke songs from people who used the service and relatives.

Care was person-centred. People's needs had been assessed and care had been planned to meet those needs. Assessments and information about people's life histories were very personalised and in-depth. We noted the level of detail of some care plans was varied, however staff we spoke with were very knowledgeable about people and the care they required.

A range of activities were available for people to take part in, both in groups and individually. People were supported to maintain the hobbies and try new things. The households were filled with interesting objects to enable people to engage in meaningful activity, either with staff or independently. One person who used the service was helped by staff to produce a gardening newsletter. People and their relatives were aware of the complaints procedure. We saw complaints had been responded to in line with the provider's policy. Compliments records showed the home had received a large number of cards and letters praising the service from relatives and professionals involved with the service.

The provider's operational manager and registered manager were passionate about the culture of the home and their commitment to providing loving, family orientated care. Staff we spoke reiterated in their own words the aims of the service and the standard of care which the home provided. It was clear from staff conversations of a common goal and pride in what the home achieved. People, relatives and staff spoke highly of the registered manager and the provider and told us the service was well run.

The provider's quality assurance system was in-depth and covered a range of checks and audits to ensure standards at the service were being maintained and improved. Representatives from the provider visited the home regularly to provide feedback on the service and to highlight any areas for improvement. Identified actions were monitored to ensure they were carried out. The registered manager told us about the informal ways in which she promoted the model of care used within the service. We saw information about positive

and negative language and interactions were displayed on the wall of her office to enable staff discussion and promote care which enriched people's lives at all times.

The home had links with the local community and other care organisations. Interested parties from other care homes had visited the home to view the model of care in practice.

The provider had not sent us notifications of safeguarding incidents which are a legal requirement of their registration. We discussed this with the registered manager who told us they were unaware of this requirement. They advised us they would update their policy to ensure future incidents we were promptly notified of future incidents.

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.

Staff were trained in how to protect people from unnecessary harm. Risks had been appropriately assessed and steps were taken to minimise risks whilst encouraging people to live fulfilled, independent lives. .

Accidents and incidents were monitored and there were enough staff to meet people's needs. Safe recruitment processes had been followed.

Medicines were managed appropriately.

Is the service effective?

Outstanding 

The service was exceptionally effective.

The home had exhibited a commitment to following best practice in dementia care. The environment enabled people to be as independent as possible and staff to provide people with the most effective care. The grounds were spacious, tranquil and provided people with ample choices for where they wanted to spend their time. People had free access to large landscaped enclosed gardens whenever they wished.

Staff ate their meals with people to promote the culture of family living. Breakfasts were prepared in the 'households' so people could see and smell the food on offer. People spoke highly of the food in the home.

The provider placed a strong emphasis on training staff on the needs of people with dementia, focussing on understanding people's feelings.

Is the service caring?

Good 

The service was caring.

People and relatives described staff as 'kind', 'friendly' and 'caring'. Staff we spoke with displayed a real sense of pride at working in the home, and told us they thought the organisation

was very caring.

Relatives told us they felt involved and welcomed at the home. The home organised regular social events for people who used the service and their families.

We saw people were encouraged to be independent. Care records promoted people's dignity and right to privacy.

People's cultural and spiritual needs were taken into account.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care was planned to meet those needs. Care was provided by a small team of staff who knew people's needs well.

There were a range of activities on offer in the home. Staff supported people to maintain their hobbies and explore new areas of interest.

People and their relatives were aware of how to make a complaint. Records showed the complaints procedure had been followed.

Is the service well-led?

Requires Improvement ●

The service not always well-led.

A number of notifiable events had not been notified to the Care Quality Commission.

The service was committed to delivering a culture of loving, family orientated care. During the inspection people, relatives, and staff provided us with examples of how this culture was embedded within the care provided.

Staff told us they felt well supported. People and relatives told us they thought the quality of the service was very good.

A registered manager was in place. Feedback about the registered manager and the provider was very positive.

A range of tools were used to monitor, assess and improve the service provided.

Eothen Residential Homes - Wallsend

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 30 June and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who was part of this inspection team had expertise in older people and those who had a dementia related condition.

Before the inspection we reviewed all of the information we held about the service including statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During the inspection we spoke with 10 people who used the service and eight relatives. 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. Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. We spoke with the registered manager, the provider's operational manager, four care workers and the head chef. We reviewed six people's care records. We looked at three staff personnel files, in addition to a range of records in relation to the safety and management of the service. We also spoke with two healthcare professionals who visited the home regularly.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, "I feel very safe here, I am very well looked after." Another person said, "I am very happy. I am safe and free to do what I want, when I want to." Relatives we spoke with reiterated this to us, with all relatives we spoke with commenting the service was 'safe'. One relative said, "Oh [my relative] is very safe, there is always someone around to take care of them." Another relative said, "We have real peace of mind here."

Staff had all received training in how to identify and respond to any concerns over people's safety or welfare. Staff we spoke with clearly described the appropriate actions they would take if they noted any signs of potential abuse. Staff told us they were confident that any concerns raised would be properly investigated and acted upon. We viewed the safeguarding records for the home. Prompt referrals had been made to the local authority to alert them to any incidents which had occurred in the home. The registered manager had worked with the local safeguarding team in investigating and taking action where it was needed. However, we noted that in these instances notifications had not been made to CQC. These incidents were minor and with low impact, the registered manager told us she was unaware that she needed to submit a notification in these instances. We discussed the registered manager's responsibility to notify us of any safeguarding incidents, and they advised us they would update their policies to ensure notifications were shared with us in the future.

The registered manager told us the home promoted a culture of positive risk taking. This meant people were supported to take everyday risks to enable them to remain independent and to enhance their lives. The home was set up into four 'households' which each included kitchen and living spaces. Whilst people lived in one particular household, there were no restrictions on people's movement and they were free to visit any areas of the home as they wished. Risk assessments had been carried out, to ensure that any risks related to these freedoms were kept to a minimum. For example for staff to keep a close eye on people who may use walking aids to ensure they were always nearby in case the person needed assistance. One relative commented, "They have freedom to move around, they are not restricted but they are safe here." Another family member said, "[My relative] is keeping her independence, but importantly they are safe."

Risks relating to the environment and people's individual needs had been assessed, for example to determine if a person was at risk of malnutrition or choking. Where risks were identified care records detailed the steps staff should take to mitigate risks whenever possible. One relative told us the home had responded promptly when their family member had fallen over. They told us staff had noted that the person was more likely to fall at night, and so to reduce this risk had put in place a sensor mat next to their bed, which would alert staff if they got out of bed. This meant staff could offer assistance to this person when they were awake during the night, to reduce the likelihood of them falling over again.

Accidents and incidents were well recorded, monitored and analysed to determine if staff had responded appropriately or if there were any trends occurring. Each person who used the service had a Personal Emergency Evacuation Plan (PEEP) in place to inform staff of the type of support they required to evacuate the building in the event of an emergency.

A schedule of checks were carried out regularly to ensure the building and equipment was a safe place for people live, such as checking fire doors worked properly, testing emergency lighting, monitoring water temperatures around the home and ensuring window restrictors remained in place and were working correctly. Records showed a maintenance schedule was followed to ensure equipment such as boilers, lifts and hoists were serviced and checked to ensure they met essential safety standards.

There were enough staff to meet people's needs. During our inspection we observed that the atmosphere in the home was calm and unrushed. Staff sat with people and talked to them, or supported people to take part in activities. If people required support, for example if they asked for a drink or needed help to move around the home, this was provided promptly. Feedback from people and relatives about staffing levels was positive. One relative said, "The home is well staffed, there is lots of care here." Another relative said, "Carers are never far away. I know full well that when I leave [my relative] is not going to be in a corner on their own. I know [my relative] is well looked after."

Staff told us the home was staffed appropriately, but one staff member did tell us they felt there needed to be another staff member on duty overnight. Other staff told us overnight staffing was sufficient. One staff member said, "Nights are fairly quiet, and we have time to sit and talk with people." We fed back staff comments to the registered manager who told us staffing levels were based on an assessment of dependency in the home, in addition to observations and feedback. They told us they would discuss staffing levels at the next staff meeting.

The provider's operational manager told us they had worked with a dementia specialist dementia care organisation to develop a values based recruitment programme. This was a recruitment process which focussed on candidates caring attitudes and enthusiasm for working with people with dementia, as opposed to their previous experience. The provider's operational manager told us this process had resulted in a staff team "who have a real heart for care and display the right attitudes." Recruitment records contained written references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. This meant appropriate staff selection and recruitment processes were being followed.

Medicines were well managed. People's medicines were stored in a secure cabinet in their bedrooms. The registered manager told us this was in keeping with the home's relaxed family-style way of living, as this meant there was no need for a large medicines trolley to be taken through the home. She also told us that there was evidence that storing medicines in this way reduced the risk of errors. Records showed people had received their medicines as prescribed. Processes were in place for ordering and disposing of medicines safely. Staff responsible for administering medicines had undertaken training and were subject to yearly competency checks to ensure their skills and knowledge remained up to date.

Throughout the inspection all areas of the home were clean and tidy. One relative told us, "It's always spotlessly clean." At times we noted a malodour in one area of the home. The registered manager told us this was something they were working to address and told us they were trialling a specific odour control air freshener and looking to improve ventilation. The registered manager advised us they would look into other flooring types if they were unable to address the odour. When providing personal care staff wore protective equipment, such as gloves to minimise the risk of spreading infection.

Is the service effective?

Our findings

The provider displayed a commitment to providing quality care designed around the needs of the people they supported. Prior to building the home the provider had undertaken significant research into best practice in dementia care, including attending conferences and visiting other specialist dementia care services and liaising with dementia care specialists; The University of Stirling and Bradford University. The provider worked in partnership with Dementia Care Matters (a dementia care organisation) to put into place their model of care. The provider's operational manager told us, "When we came across Dementia Care Matters and their household butterfly model of care and the Hogewey village in the Netherlands we then knew that this was the style of care that we wanted to promote in our new home."

The butterfly model of care focusses on small household living with lots of outside space. An environment which Dementia Care Matters considers, when teamed with staff training and a culture of empowerment, results in a number of benefits, which include increased well-being, decrease in the number of falls, and reduced staff turnover.

During our inspection we saw evidence of this innovative approach in action. Eothen Residential Homes - Wallsend had large attractive enclosed landscaped gardens. The walkways within the garden twisted and turned, which meant they covered a much longer distance than the length of garden. The registered manager explained that this was hugely beneficial for people who wanted to be on the move as the gardens could provide a substantial walk. All of the bedrooms on the ground floor, and the communal lounges, had direct access to the enclosed garden. During the day the doors were unlocked so people were able to move freely wherever they chose. The garden had a potting shed so people could plant flowers and vegetables, a number of places to sit including covered areas, and items of interest for people to look and interact with. At the bottom of the garden was a vintage car and caravan which had been donated to the home. Staff told us that people loved to sit in the car, and that they had plans to renovate the caravan so it could be used for activities and reminiscing.

Inside, the home was set over two levels and arranged into four 'households'. Connecting the households were large communal areas which provided people with a range of places to spend their time. On the ground floor was a glass atrium which housed an aviary of birds in the middle, benches for people to sit in and wind chimes to give a relaxing sensory experience. On the upstairs floor there was a library and large outdoor terrace with comfortable seating areas.

The households were designed to maximise people's independence and freedom of movement whilst having a relaxed and homely feel. The communal area of each household was open plan with kitchen, dining and living rooms areas. This meant people could move around freely and independently, choosing whether they wanted to sit with others or on their own. Staff could monitor people's wellbeing, whilst allowing them space and privacy. Each household was decorated primarily in one colour. One household was terracotta, another, a shade of blue. This was to help people with dementia to orientate themselves if they were moving around the home. The provider had followed best practice guidance about the use of colour and design for people with dementia. Handrails were painted contrasting colours from the main wall

and visual signage was used. Doors which were locked for people's safety, such as the cleaning cupboard, were painted to blend in with the wall so they were not as visible to people.

The provider's operations manager told us, "We have seen people who have been referred to us described as 'challenging' but we have been able to show that with the space and freedom to walk freely, get up and go to bed when they wish, wear what they wish regardless of whether it is pyjamas in the daytime, allowing people to just be how they feel has reaped amazing rewards." They told us the home was "designed to enable our vision to provide the best possible quality of life for those living with dementia." During the inspection we saw evidence that this aim was being achieved.

The registered manager told us she received newsletters and updates with leaders in dementia care, such as Bradford and Stirling Universities and dementia care charities to keep up to date with new innovations in supporting people with dementia. They were members of NAPA (National Activity Providers Association - an organisation who support providers to provide meaningful activities) to keep abreast of best practice and new ideas.

During our inspection we observed the dining experience in three of the four households. The registered manager told us that mealtimes were very important in the home. She said, "The model of care promotes a family approach and the mealtimes are a key aspect of that." After staff had served people their choices, they then sat down and both staff and people who used the service ate their meals together. Staff offered support and encouragement for people to eat, whilst chatting to them about the food and their plans for the afternoon. Specialist plates and cutlery (which makes it easier to eat) were available, however the registered manager told us that staff dining with people increased the amount of food which people ate, so at that time no one needed special equipment. She also told us they had seen a reduction in the amount of people who needed nutritional supplements. Whilst lunches and evening meals were prepared by the chef, breakfasts were prepared in the kitchens in each household. One staff member said, "It's brilliant to see how much people enjoy their food. On a morning people will potter along to the kitchen area whenever they fancy it, and sit at the breakfast bar with a paper whilst we cook them a bacon sandwich or whatever they fancy. They can see and smell it cooking, so people tend to have an appetite for it."

People and their relatives were able to use the kitchens whenever they wished. During our inspection we saw a number of people help staff with the washing up, drying dishes and putting them away. On the second day of our inspection a relative came into the home to do some baking. They prepared the cake mixture with their relative, whilst other people looked on and talked to them from the breakfast bar. Risk assessments were in place for the use of the kitchen.

People spoke very highly of food on offer at the home. We spoke with the chef who was knowledgeable about people's nutritional needs. Where people were underweight their food was fortified to provide them with additional calories. The chef told us that all of the meals in the home were homemade and that they had access to a wide range of fresh fruit and vegetables.

People and relatives consistently told us they received good care from well skilled staff. One person told us, "I would describe the care here as exceptional." A relative said, "They get excellent care here. I like the approach they have to dementia care."

The provider had identified a number of training modules that they considered mandatory for staff to undertake, to be able to safely support the people who used the service. This training included moving and handling, fire safety, and safeguarding people from abuse. Records showed this training was well monitored and at almost 100% completion. In addition to this mandatory training, all staff received training in the

Dementia Care Matters 'butterfly approach' which is based on feelings and connecting emotionally with people living with dementia. The registered manager had recently qualified as a trainer in this approach. Staff we talked with also spoke very highly of a virtual dementia training session which they recently attended. This experiential training, simulated visual, auditory and touch disturbances which enabled staff to experience what it felt like to have dementia. One member of staff said, "It was fantastic. The best training I've ever done by a mile. After the training you have a debrief and we watched the other team do their training. I could see staff turned into the people here. Their mannerisms and the way they walked. It really put it into perspective how people with dementia might feel. It will stay with me for a long time."

Staff told us they felt well supported and had opportunities for personal development. Staff received regular individual supervision with the manager or senior member of staff, where they discussed their role and the people they supported. In addition to this the registered manager told us they also provided support in a number of other ways, she said, "We carry out monthly team meetings as well as regular house leader meetings and team huddles, these are all ways of providing supervision, reflection on practice and supporting each other, celebrating the positives and learning from experiences." Staff attended meetings regularly to discuss employment issues and issues relating to people's care and treatment. Staff had been assigned champion roles in areas such as end of life and falls. The manager told us staff were encouraged to share best practice and to facilitate discussions around their key areas. to ensure high standards of care were met.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Most people who used the service did not have capacity to leave the home unaccompanied, as it was considered that they would be unable to keep themselves safe. We saw applications had been made to the local authority for assessment regarding DoLS authorisations. Whilst the main door was controlled by a secure keypad, once inside the home there were no restrictions on any of the communal areas. People could move between the households and gardens whenever they wanted. Where people did have capacity to leave the home, staff were aware and they were free to come and go as they wished.

Where it had been determined that people did not have capacity to make some decisions, staff had followed the MCA and best interest considerations were noted. Records showed that the principles of the MCA were being followed in being as least restrictive as possible. People were able to make choices throughout their day, such as where they would like to spend their time, what they would like to wear or what they would like to eat. Care records highlighted to staff the need to offer people choices to enhance their feelings of wellbeing. One relative said, "Staff just get on and do their job, there are no strict rules, and it works well for the residents."

Records showed that people had access to health and social care professionals to help maintain their health and wellbeing. Prompt referrals had been made to GPs, specialist nurses, dietitians, speech and language therapists and other professionals where changes had been noted in people's health. One relative told us their family member had attended a number of healthcare appointments and whilst they were able

to attend, the service still sent a member of staff. They said, "Through all the visits there was always a carer sent with me. It's hard with someone with dementia in a place like that if you're sitting waiting for a long time. One carer's shift ran out and they stayed an extra couple of hours and [name of registered manager] even brought a carer to replace the one who needed to leave. They go above and beyond."

Both of the healthcare professionals we spoke with told us that staff made appropriate timely referrals and followed their advice competently. One healthcare professional said, "It is a lovely place to visit. Absolutely no concerns with them."

Is the service caring?

Our findings

People and relatives who spoke with us told us that staff were kind and caring. One person said, "I am very happy here, I came not knowing what to expect, but I had no worries once I got here. I have just fitted in because the staff are so generous and kind." A relative told us, "I am very happy with [my relative's] care, the staff are lovely, it's amazing how quickly they have settled down in here." Another relative said, "I would describe the house as comfortable and caring."

During the inspection we spent time in the communal areas and observed interactions between people who used the service and the staff. The atmosphere was warm and relaxed. Staff did not wear uniforms. The provider's operations manager told us, "It is important to us that there is no 'them and us' between staff and residents so we don't have uniforms so that staff just look like friends or family members sharing daily activities where possible." Overnight staff wore comfortable clothes or pyjamas. Staff we spoke with told us this worked well. One staff member said, "It makes sense really. We are trying to create a family atmosphere and encourage people to be well rested. We will sit down and have a hot drink with everyone in our comfies. We are showing in the way we act and how we dress that 'it's night-time now' and I think it definitely works."

Staff knew people well. We saw them engage people in conversations about their hobbies, life and families. Relatives told us staff treated people as individuals and tailored their approach to make a connection with their family member. One relative said, "The staff got to know [my relative] very quickly, they know their ways, they know what to say to [my relative] and how to treat them to make them feel content." The provider had accommodated a pet for one person who lived at the home. This dog was very important to the owner, and the registered manager put in place plans to ensure that it was well looked after by staff so that it could remain living alongside its owner.

Staff we spoke with told us they enjoyed their role, and that the home was a caring place to work. One staff member said, "I love working here, I can't imagine working anywhere else." Both the registered manager and the provider's operations manager spoke throughout the inspection about the value of the staff team, and how integral their caring nature was to the success of the care model. We saw staff profiles were framed on the walls in the households. They included a photograph of the staff member, brief information about their employment, but focused on the whole on what was important to the staff member, for example the names of their pets or their hobbies. The registered manager told us this was to reinforce the culture of the home being like a family.

People were encouraged to be independent, and their privacy and dignity were respected. People had access to a kitchen area and where they were able could make drinks and snacks for themselves. Staff included people in the tasks involved in running the households. We saw one person liked to set the tables, and in another person's care records it stated they enjoyed to clean, so staff provided this person with materials so they could do this. In addition to the home's large laundry, each unit had a laundry room which people could use to maintain their independent life skills. One relative said, "Its not a regimented home, people are free to do as they wish and this suits the residents very well." We saw staff knocked on people's doors and waited to be called in before they entered. Care records prompted staff to take into account

people's privacy when they were providing any personal care.

Relatives told us they had been involved in planning their family member's care, and were always made to feel welcome at the home. One relative said, "You truly feel part of the Eothen family. I have been fully involved throughout and still am. I visit regularly and am always welcome. They include families in everything." Another relative said, "It's like an extended family feeling, and this makes it easier to talk of any issues you may have with the staff." One person commented, "I find that my friends visit me more often than when I lived alone." A visitors bedroom was available for families to book and stay in for a small charge if they were travelling to visit their relative. The registered manager told us this was also used by families of people who were near the end of their lives who wanted to stay close by. She explained there was no cost to people to stay in the room in this instance. Families were invited to events throughout the year, including a summer fayre which was planned for the day after our inspection. Relatives we spoke with told us they were looking forward to it. One relative said, "There is always something happening here, Christmas was just exceptional, the decorations and the events going on were brilliant."

The registered manager told us that they facilitated a relative's support group which ran every month. Relatives were invited to a social activity held at the home, and afterwards could stay to talk with other relatives about issues facing family members. One relative said, "There is a meeting for families each month. We discuss various topics and it's done in a confidential way. People have always been impressed by the discussions we have with regard their relative and the way staff deal with people." Another relative said, "It was good to talk to people who are going through the same things." The registered manager told us that whilst they had been more involved at the start, in planning guest speakers and discussion topics, that now it had taken off and was well attended they generally left it to the families to run, so relatives had a place to discuss the home in private. They told us that there were plans in future to offer some training sessions in dementia care to family members and to offer some the opportunity to attend the dementia care simulation training.

Care records prompted staff to consider whether any arrangements needed to be made to ensure people's cultural and diverse needs were taken into account. The provider is a Christian organisation, but the registered manager told us people of any faiths would be supported to ensure their individual needs were met. A number of services were held at the home, and some people were supported to visit their own church. One person attended a regular choir session at their local church.

There was no one accessing an advocacy service at the time of the inspection, but the registered manager advised us that they would refer to such a service if they felt an individual needed support to make decisions. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

The registered manager told us that staff worked with specialist teams to enable people to remain in the home at the end of their lives if they wanted to. Records showed staff had discussed people's wishes, to be able to provide personalised care at the end of their lives.

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One relative said, "The family are very happy with [my relative's] care." Another relative commented, "They take care of [my relative's] personal needs well. A healthcare professional told us, "I feel that the house leaders and care staff do work alongside me when I assess a resident. When I ask for plans to be put in place, or signpost the staff to refer to other professionals, staff are very proactive addressing any intervention that is required to be put in place to improve any residents' wellbeing."

People's care was person centred. A range of assessment tools were used to determine people's needs. Assessments covered areas relating to people's physical health, mental health and social needs. Assessments were used to inform care plans which stated how staff should provide support. People's needs were regularly reassessed to ensure their plan of care remained suitable. One relative told us the assessment process had been very in-depth they said, "When [my relative] moved in, which was when it first opened, there was a full team and I spent hours in case conferences with them planning. I sat with carers and we planned how [my relative] was going to be introduced to various ideas (Meaning plans of care)."

Care plans were varied in their level of detail. We saw information gathered about people when they started to use the service was very detailed, especially about people's preferences and life histories. These records provided staff with a good understanding of what was important to the person so they could engage the person in conversation and activities which met their needs. However, some care plans were brief and less specific. We discussed this with the registered manager who told us she had identified this issue through internal audits. She showed us records of training sessions and supervision sessions which she had held with staff responsible for writing care plans so that they encompassed more of the care which they provided to people. The registered manager told us care was provided by a small, consistent staff team who knew people very well. She said, "We sit together as a staff team and we talk about how to best meet people's needs. We'll talk about what works well for people and share good ideas. I know we probably aren't capturing all of that rich information at the moment, but it is an area we are working on." It was clear from discussions with staff that they knew people and their needs well. Staff were able to describe in detail the ways in which they supported each individual. Relatives confirmed that staff provided consistently person-centred care.

There was a wide range of activities on offer. The registered manager told us that these were planned to meet the varying interests of people who used the service. During our inspection we saw some people were taking part in baking, others were playing pool with staff or reading the paper. Events were planned regularly like hosting entertainers in the home. We were told karaoke which was often held during the twice weekly pub session with families, was very popular. People were encouraged and supported to partake in their hobbies. One person was very interested in gardening and enjoyed spending time in the potting shed, and leading daily supervision of the vegetable garden. They were also helped by the administrator to produce a monthly gardening newsletter. Another person was a keen photographer, they frequently took photos both inside and outside of the home. People and relatives told us the activities were varied and enjoyable. One relative said, "There is always something going on, and they keep me up to date by phone or email." Another

said, "I like the fact that there is not a TV blaring out with no one watching it, they seem to put the TV on and off when they want to use it."

In addition to facilitated activities the households all had a range of items that people could use, look at or read to entertain themselves. Each household had a musical instrument, like a keyboard or piano in the communal areas. There was a vintage pram in one household, and a sewing machine and dressing table in another. There were hats, coats, bags and costume jewellery for people to try on, books, magazines, jigsaws and games all stored in the households so that if they caught people's eye they could be used. Staff told us that the items often ended up in the other households but that this just meant that people always had new activities to try. One member of staff said, "We don't keep things stored away here, to be brought out on the third Saturday of the month. It's like living at home. We have open storage so that when people fancy a jigsaw we'll get it out. There is so much going on here, you could never be bored." Another member of staff said, "We'll plan things that we know people like, but we also do a lot of things spur of the moment. A few weeks back it was really hot, so we went and got a paddling pool for people to cool their feet in whilst they sat in the garden. We were serving people Mocktails (soft drink alternatives to cocktails) and they loved it."

Complaints were well managed. We saw two complaints had been made in the previous year. Complaints records included the original communication, details of any investigations which had been carried out and evidence the person who had complained had been kept up to date with the progress and any outcomes. The registered manager also kept a record of any minor concerns which had been raised and quickly dealt with. The registered manager told us that although these minor issues were immediately rectified she recorded details so that she could spot any trends, and discuss and reflect with staff to continuously work to improve the service people received. None of the people we spoke with told us they had ever made a complaint, one person said, "All the staff here are very approachable for any concerns, I wouldn't want to move anywhere else." We viewed the compliments records and saw the home had received a large number of cards, letters and emails from families and healthcare professionals stating their gratitude at the care provided at the home.

Is the service well-led?

Our findings

During our inspection we identified a number of minor safeguarding incidents which should have been notified to the Care Quality Commission. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns. These incidents had been notified to the local authority, and the registered manager told us they had been unaware that this type of incident needed to be reported to the Commission. The Commission considers the failure to notify of relevant events as significant and therefore the key question rating for 'Well Led' cannot be better than requires improvement. We had received other types of notifications from the registered manager.

People who used the service and relatives told us they thought the home was well managed. One relative said, "It runs like clockwork. It is a credit to everyone who works here." Another relative said, "I would say it is in the top one percent in the country. It's like chalk and cheese from where she was before. The quality is superb."

At the time of our inspection there was a registered manager in place. She had formally registered with the Care Quality Commission in May 2016. The registered manager was present during both days of our inspection and assisted us with our requests during the visit. The registered manager is a registered nurse with 10 years in the acute sector and a further two, working within adult social care. She talked with passion about her desire to work within a progressive and innovative organisation and had been drawn to Eothen Homes Limited as the company approach, to deliver a warm, welcoming home from home atmosphere, mirrored her own ethos.

Throughout the inspection it was clear from speaking with the provider's operational manager, registered manager and staff that there was a shared sense of pride in the culture of the home. The provider stated the home "offers a ground-breaking model of care in which each person's quality of life is the over-riding priority, taking precedence over structured processes and schedules. The focus is on independence and wellbeing through a relationship-centred style of support involving the person with dementia, their family and friends." This culture was clearly embedded, and staff and relatives gave us numerous examples of how this culture was realised on a day to day basis. We heard the phrase 'model of care' from all of the designations of staff we spoke with including administration staff, the cook and care staff. Themes from our conversations with staff were that the home was 'different', 'a home from home', 'empowering' and exciting to be a part of.

The registered manager told us that staff had been eager to learn, and that whilst the considerable value based training provided ensured that staff had the knowledge and skills to provide the model of care to people, that this was something which was still continuously reinforced. Displayed on the registered manager's office wall was Dementia Care Matters information detailing some examples of positive, neutral and negative care, and 'banned' and helpful sentences. The registered manager also told us that all staff were aware of a code word, which could be used to alert staff to any behaviours or language they may be using which did not fit with the model of care. The registered manager told us this code word was useful in helping staff to use positive language and behaviours without having to alert the person who they were

supporting.

The registered manager told us the home had good links with the local community, such as local schools. The provider's operations manager told us that staff within the home had joined networks to share information about the culture and values of the home at other organisations. She said, "One of our administrators has joined a local forum of activity co-ordinators from care homes in the area. She was asked to present our model of care at a forum meeting and several members have been to visit our home to see the model of care in practice in order to help people change what they do at their homes by witnessing the benefits. We are committed to providing loving, family orientated care and take pride in being able to share what we have learned to benefit the care sector as a whole."

People told us the registered manager was a visible presence in the home and was approachable. During the inspection we saw she knew people and relatives well. Staff we talked with also spoke highly of the registered manager and the provider, and described how they felt valued and listened to. One staff member said, "She has faith in us. She will let us come up with solutions and test them out. She knows we all have the residents' best interests at heart and we are able to bring ideas to the table for how to make the service better."

The quality of the service provided was monitored on a regular basis through a schedule of checks and audits. Audits included checking people's medicines had been administered as prescribed, that health and safety processes were in place and that care records were complete and accurate. Audits included noting when improvement actions needed to be taken, which staff member they had been assigned to, and when the action had been completed. The provider also completed formal reports assessing the quality of the service against a number of key indicators when they visited the home. We saw areas for improvement had been followed up on future visits to ensure satisfactory actions had been carried out.