

# Community Integrated Care Eachstep Blackburn

## Inspection report

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Date of inspection visit:  
13 August 2018  
14 August 2018

Date of publication:  
26 September 2018

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 13 and 14 August 2018; the first day of the inspection was unannounced.

At our last inspection in March 2017, we identified one breach of legal requirements; this was because the provider's recruitment processes were not sufficiently robust. We asked the provider to complete an action plan to show what they would do and by when to improve the key question 'Is the service safe?' to at least good.

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

Eachstep Blackburn is registered to provide accommodation for up to 64 people who require nursing or personal care. The service is purpose built and specialises in providing care to people who are living with a dementia. The home is divided into three households, each of which is decorated to a high standard and provides themed areas to promote social interaction. Accommodation is provided in single en-suite bedrooms. The home also provides a cinema, vintage tea room and secure garden area. At the time of our inspection there were a total of 61 people using the service.

There was a registered manager in place. 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.

At the last inspection in March 2017, the service was rated as good. At this inspection, the rating has improved to outstanding.

The service has built on their previous success and sustained the outstanding level of person-centred care provided to people who lived in Eachstep Blackburn. The philosophy of the service to 'care with passion' was exemplified by all the staff who worked in the home. People received personalised care which was extremely responsive to their needs and wishes.

People were supported by staff who were extremely kind and caring. During the inspection. We observed all staff, including ancillary staff, took care to ensure all their interactions with people were meaningful and caring; this helped to ensure people felt they mattered to the staff who supported them. People told us that Eachstep Blackburn felt like a family. Throughout the inspection, we saw numerous examples of this family atmosphere with relatives, people who used the service and staff having conversations, laughing and showing they cared for each other

We heard of numerous examples where staff had gone above and beyond what might normally be expected of them in their role to help ensure people who lived in the home had an excellent experience. Typical feedback provided by people who lived in the home included, "Staff are very good, they're lovely", "I love them, they're so kind", "The staff are lovely", "Staff are lovely; they're always around for us" and "The staff are very kind, very friendly and chatty."

Staff were extremely responsive to people's needs. We saw examples of staff anticipating people's needs which showed they had an excellent understanding of how individuals communicated, including people who had limited verbal communication. A strong emphasis was placed on engaging people in meaningful activity which met their individual interests; to support this the home had developed links with a wide range of community based organisations and used these to help improve the quality of life for people who lived in Eachstep Blackburn. In addition, all care staff understood that it was an important part of their responsibilities to engage people in activities on a day to day basis and we saw this was put into practice throughout the inspection.

Staff spoke consistently about Eachstep Blackburn being a good place to work. They told us the registered manager led by example and encouraged them to use their initiative to ensure people received high quality, personalised care. The registered provider had introduced a number of schemes to recognise and reward staff who had made an outstanding contribution to the care of people who lived in the home.

The culture of Eachstep Blackburn was one in which staff were encouraged to report any concerns and lessons were learned from any accidents, incidents or safeguarding matters. Quality assurance systems were robust and used to make improvements in the home.

Staff had been safely recruited and there were sufficient numbers of staff on duty to meet people's needs in a flexible way which met their preferences and promoted their independence. People told us they felt safe in Eachstep Blackburn. Staff had received training in the protection of adults and knew what action they should take if they suspected or witnessed abuse.

People's medicines were safely managed. The ethos of the service was to deliver person centred care which included the administration of medicines. We observed that people received their medicines wherever they felt most comfortable.

The layout and decoration of the home were designed to provide people with a safe, calm environment and encourage them to participate in activities of their choice. We observed people were able to move freely throughout all areas of the home and were welcomed by staff wherever they chose to spend their time.

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. Staff members we spoke with fully understood the importance of acknowledging people's diversity, treating people equally and ensure that they promoted people's rights. We saw people's ethnicity, spiritual needs and sexual orientation were discussed and recorded in their care plans.

People had a wide range of opportunities to provide feedback on the care provided in Eachstep Blackburn. The registered manager had been proactive in developing a leaflet to encourage people to provide immediate feedback should they have any concerns or if they wished to compliment staff; this demonstrated their commitment to a process of continuous improvement in the service.

Further information is in the detailed findings below.

## 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.

People told us they felt safe in Eachstep Blackburn and had no concerns about the care they received.

Staff had been safely recruited. They had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse.

People were cared for in a safe and clean environment.

### Is the service effective?

Good 

The service was effective.

Staff received the induction, supervision and training they required to be able to deliver high-quality, compassionate care.

Staff understood the principles of the Mental Capacity Act (2005). Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service.

The environment was designed and arranged to promote people's freedom, independence and wellbeing.

### Is the service caring?

Outstanding 

The service was exceptionally caring.

People told us staff were extremely kind, caring and respectful towards them. Throughout the inspection we observed numerous examples of very caring interactions between staff, people who lived in Eachstep Blackburn and their families.

Staff were passionate about providing people with person-centred care that helped them to achieve their goals and aspirations. We saw that staff regularly went the 'extra mile' to help ensure people received high quality compassionate care that promoted their independence.

Staff were extremely skilled at helping people to express their views and wishes.

### **Is the service responsive?**

The service was exceptionally responsive.

People received care that was personalised to their individual needs. There were no set routines to follow and people were able to decide for themselves what they wanted to do each day.

People were supported to take part in a wide range of activities that were tailored to meet their interests and goals. The service was proactive in working with volunteers to enhance the opportunities for social interaction for people who lived in Eachstep Blackburn.

People using the service and families were actively encouraged to give their views and raise any concerns or complaints. People's feedback was valued and used to make improvements in the service.

**Outstanding** 

### **Is the service well-led?**

The service was exceptionally well-led.

The registered manager led by example and inspired the staff to provide the best possible person-centred care and experience for people and their families. They regularly contributed to the evidence base regarding best practice in the care of people living with dementia.

Without exception, staff told us they enjoyed working at Eachstep Blackburn and demonstrated a commitment to providing people with high quality, compassionate care. The provider had a number of schemes in place to reward staff who were recognised as providing exceptional levels of care.

The service had developed strong links with community organisations which were used to enhance the experience of people who lived in the home.

**Outstanding** 

# Eachstep Blackburn

## 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 comprehensive inspection took place on 13 and 14 August 2018. The first day of the inspection was unannounced. We told the provider we would be returning on the following day to continue to review the care people received in the service.

On the first day of the inspection the inspection team consisted of one adult social care inspector, two specialist advisors, one of whom was a nurse and the other a pharmacist, 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 had experience of residential care services. The second day of the inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local safeguarding and quality assurance teams, the local clinical commissioning group and the local Healthwatch team to gather their views about the service. We included the information provided to us in our inspection plan for the service.

We had not asked the provider to submit a Provider Information Return (PIR); this is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people who used the service across all three households and six visitors. We also spoke with a total of 16 staff employed in the service. The staff we spoke with were the registered manager, the assistant manager, a registered nurse, two senior support and activity workers, five support and activity workers, the activity coordinator, the facilities officer, a kitchen assistant and three members of the housekeeping team.

We carried out observations in the public areas of the service. We also undertook a Short Observation Framework for Inspection [SOFI] on the ground floor household which provides nursing care to people living with a dementia. A SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care and medication records for six people who used the service. In addition, we looked at a range of records relating to how the service was managed; these included three staff personnel files, staff training records, staff supervision and appraisal records, minutes from meetings, incident and accident reports, complaints and compliments records as well as quality assurance audits.

# Is the service safe?

## Our findings

People told us they felt safe in Eachstep Blackburn. Comments people made included. "I feel 100% safe living here. I have no problems at all", "I feel very safe here, there's always someone around" and "I've never seen anything that concerned me."

At our last inspection in March 2017, this key question was rated as requires improvement; this was because recruitment procedures were not sufficiently robust to protect people from the risk of unsuitable staff. Following the inspection, the provider sent us an action plan which set out the action they intended to take to meet the regulation. At this inspection, we found the necessary improvements had been made and the key question is now rated as good.

We reviewed the recruitment records for three people, two of whom had been appointed since the last inspection. We saw that all required pre-employment checks had been completed which included a check with the Disclosure and Barring Service (DBS); this helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

The registered manager told us that they recruited all staff using a values based approach. This meant that they looked for people whose values were aligned with those of the organisation, i.e. treating people as individuals with respect and compassion. They told us that the probationary period was used to assess the suitability of staff to work with people living with a dementia and that they did not have any hesitation in ending the employment of people who failed to demonstrate the expected values and attributes.

Systems were in place to keep people who lived in the home safe from abuse or poor practice. Records showed staff had completed training in safeguarding. Policies and procedures were in place to guide staff. An easy read version of the safeguarding policy was also available for people who used the service and their relatives. All the staff we spoke with demonstrated they understood the importance of keeping people safe and reporting any concerns they might have. Staff told us they were confident senior staff would listen and take action should they raise any concerns about the care people received. Records showed safeguarding was an agenda item at both staff meetings and individual supervision sessions.

People's medicines were handled safely. We checked the medicines administration record (MAR) charts and the medicines for six residents. We found that the MAR charts included a photo and information about any allergies to ensure safe administration. The charts had been completed correctly. Appropriate codes had been used and where a variable dose was prescribed the amount administered was recorded. Protocols were in place for medicines prescribed as 'when required', which described when they should be given and at what dose. When patches were being used to administer medicines, appropriate record sheets were being used.

The ethos of the service was to deliver person centred care which included the administration of medicines. We observed that people received their medicines wherever they felt most comfortable. One person told us how a staff member had brought their medicines to them while they were in the secure garden having a

cigarette. We also observed staff took the time to explain the benefits of the medicines they were administering to people.

There was a policy which covered all aspects of the management of the medicines and staff had access to patient information leaflets for the medicines and alerts identifying national issues with medicines. We noted that the staff who administered medicines had received training and had an annual competency check. There was a monthly audit of the medicines by the registered manager and an annual audit by the supplying Pharmacist. Issues that had been identified were being addressed and the registered manager had introduced weekly medicines audits to help ensure the safe handling of medicines.

People's care records included information about the medicines they were prescribed and how they liked these to be administered. We found that where people were assessed as lacking capacity to agree to taking their prescribed medicines, a best interest decision had been made to determine whether the medicines should be administered in food or drink without the person's knowledge. Staff responsible for administering medicines were able to tell us how some people's medicines were given covertly, but care records did not detail the process staff told us they followed. The registered manager told us the relevant care records would be updated as a matter of urgency. Following the inspection, the registered manager sent us a copy of the covert medication plan which they had developed for the service to provide detailed guidance for staff to follow.

People who lived in the home told us there were enough staff on duty to meet their needs; this was confirmed by our conversations with staff and our observations during the inspection. We observed that staff were patient and person centred in their interactions with people. They took the time to sit with people and have conversations about things of interest to them. We also saw how staff used distraction techniques, including walking alongside people in a calm and relaxed manner, to help keep the individual and others in the home safe. The registered manager completed a review of each individual's dependency needs on at least a six-monthly basis. Staff rosters we reviewed showed that the number of care hours provided in the home regularly exceeded the assessed number of hours required. The registered manager told us this meant it was easier to cover for sickness absence or annual leave and meant the use of agency staff was minimised.

Appropriate systems were in place for the management of risks. Environmental risk assessments were completed for the home and there were procedures to be followed in the event of emergencies. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order. Records were kept of the support people would need to evacuate the building safely in the event of an emergency. In addition, staff had completed training to ensure they were able to take appropriate action in the event of a fire.

Individual risks had been identified in people's care plans, including those relating to moving and handling, hydration and nutrition, tissue viability and falls. We noted that the falls risk assessment in all the care records we reviewed had been regularly reviewed and updated. However, it was difficult to find the latest information from this document as a new assessment had not been completed on every review; the registered manager told us they would ensure the falls risk assessment procedure was changed to ensure a new review document was completed every six months and following any fall experienced by a person; this should help ensure staff were easily able to access the most up to date information to support a person safely.

Records were kept of any accidents and incidents that had taken place at the service. Staff told us they had received additional training on how to keep people safe that included moving and handling, the use of

equipment, infection control and first aid.

People lived in an environment which was safe and clean. Our observations during the inspection showed all areas of the home were clean and well maintained. Staff in the housekeeping team told us they responded promptly to deep clean carpets should any malodours occur. Records we reviewed showed all equipment used in the home had been serviced in accordance with manufacturer's instructions.

People were protected from the risk of cross infection. Staff were aware of the action to take to help prevent the spread of infection. Regular checks were completed to ensure required standards of cleanliness were met.

## Is the service effective?

### Our findings

At our last inspection in March 2017, this key question was rated as good. At this inspection the rating remains good.

People told us staff had a good understanding of their needs and how they wished to be supported. One person told us, "I think staff know me well by now." A relative also commented, "Staff definitely know [name of family member] well. She also knows staff by their voice."

People's needs were assessed before they moved into the home. This involved meeting with the person and completing a needs assessment, by gathering information from them, their relatives if appropriate and any relevant health and social care professionals. The service had policies to support the principles of equality and diversity, and these values were reflected in the care assessment and care planning process. This meant consideration was given to protected characteristics including: race, sexual orientation and religion or belief.

Care records we reviewed had a one-page profile on the front of each file. This highlighted to staff the support each person required and how they wanted staff to support them. Care records also included information about people's preferred daily routines, their preferences about the gender of staff who should support them and the numbers of staff required to support them with particular tasks.

Since the last inspection, there had been a change to the provider for staff training; this meant that much of the training, was delivered by e-learning which staff could access from a computer or their mobile phone. The registered manager told us some training continued to be delivered on a face to face basis to ensure staff had the opportunity to practice techniques such as moving and handling and fire safety. Records we reviewed showed 78% of staff had completed required training. The registered manager told us eight staff had been recently employed and were currently working their way through the courses they were required to complete by the end of their probationary period. The registered manager told us the training new staff completed met the requirements of the Care Certificate; the Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively.

We spoke with a member of staff who had been recently employed and was still in their probationary period. They told us they did not have a background in working in care, but felt they had received excellent support since starting work at the home. They told us, "I have enjoyed working here and the induction was very good. I have received an initial supervision to see how things are going and received positive feedback on my performance."

Records we reviewed showed staff received regular supervision. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. We noted that in supervision staff were asked to identify what was working or

not working for them in their role. Staff who had been in post for more than one year had also received an annual appraisal of their performance.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 so that they can 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that the registered manager maintained a tracker to document when applications had been submitted to a local authority to authorise restrictions in place to ensure individuals received the care they needed. At the time of the inspection, 59 applications for DoLS had been submitted by the registered manager, with a total of 12 being approved. The registered manager continued to inform the relevant local authority of any changes to the restrictions placed on individuals who lived in the home; this helped to ensure people's rights were protected.

Staff demonstrated a good understanding of the MCA and told us how they promoted the rights and choices of people who lived in the home. One staff member told us, "People are able to make their own choices about how they live their lives." Another staff member told us, "I always ask people if it's ok for me to do things for them. Where appropriate, I will offer choices and let them decide. People are usually able to express a choice, even if it's just a nod."

During the inspection we observed numerous occasions on which staff gave people the opportunity to make decisions about their daily life, including where they wanted to sit, what they wanted to eat and what activities they wished to do. Staff were patient and encouraging in these interactions which enabled people to feel they had a real choice about decisions which affected them. Care records also included a 'choice making profile' which provided information to staff about the best ways to support each person to make decisions which affected them.

People's nutritional needs were met. In relation to main meals, the home continued to use an external company which specialised in providing frozen, nutritionally balanced food. The registered manager told us they were able to select options from a wide menu to meet people's nutritional needs and ensure any known allergens were avoided for individuals. They also told us that the system of pre-prepared frozen meals delivered to the service meant they were always certain of the high quality of the food people received.

People gave us positive feedback about the quality of the food. Comments people made included, "The food's good and there's plenty of choice", "We can have breakfast whenever we want it. I had some cereal earlier when I got up, but I just fancied a bit of toast now" and "I like the food".

People were able to have breakfast until 11 am each day; this fitted with the ethos of the service of providing person-centred care. Staff told us they had a 'no waking' policy which meant people were able to get up at a time which suited them and still have a breakfast of their choice. People also had access to drinks, fruit and

snacks throughout the day from a kitchen located in the communal area on each floor.

We observed that mealtimes were a very relaxed, calm and social occasion with people being encouraged to sit at tables and participate in conversations with the staff who sat with them and other people who used the service. We noted that staff provided discreet support and encouragement to people to eat. Records showed that, following each meal, staff kept a record of the food and fluid intake of individuals who were considered to be at risk of poor nutrition.

People's health needs were assessed and plans put in place to ensure these needs were met. There was a registered nurse on duty 24 hours a day to meet the needs of people who required nursing care. During the inspection, we observed staff contacted health professionals when they had any concerns about a person's condition. The registered manager told us they always ensured important information about people's needs and the support they required was transferred with them on admission to hospital; this included the one-page profile, communication chart, relationship circle, communication chart and choice making profile.

The design, decoration and layout of the home was very well suited to the needs of people who lived there. The standard of décor, furnishings and fittings was very high throughout the service which had been purpose built to meet the needs of people living with a dementia. There were several themed areas on the households which included those relating to holidays, music and sports. A cinema, garden room, vintage tea room and hairdressing salon were also available to people. During the inspection we observed these areas being used by people who used the service, supported by staff; this helped to create a vibrant atmosphere within the home. We saw that since the last inspection a 'pub' area had been developed in one of the lounges which had previously been less well used. This room also included a cards table and table football game for people to use. Relatives told us, "This place is a sanctuary and child-friendly. We definitely like it. It's secure, open and spacious and there's plenty of areas to sit" and "It's a very good building, purpose built, spacious and well-lit with plenty of windows. There's plenty of room for people to walk around and staff are very interactive."

Throughout the inspection, we noted people who lived in Eachstep Blackburn were able to move freely within the home in order to find a place where they felt most relaxed and comfortable. We saw how staff interacted positively with all people, regardless of whether they lived on the household where they were at the time; this helped to promote a family type atmosphere and helped to promote a sense of social inclusion.

## Is the service caring?

### Our findings

At our last inspection in March 2017, this key question was rated as outstanding. At this inspection the rating remains outstanding.

The service continued to have a strong, visible person-centred culture. From all our discussions with staff, it was obvious they were committed to providing people with very high quality care in an environment which supported people to be as independent and active as possible. The registered manager told us they encouraged and supported staff to 'do the right thing' when caring for people, including when this involved taking risks to enable people to lead meaningful lives.

Without exception, people who lived in the home told us staff were consistently very caring and kind towards them. Comments people made to us included, "Staff are very good, they're lovely", "I love them, they're so kind", "The staff are lovely", "Staff are lovely; they're always around for us" and "The staff are very kind, very friendly and chatty." A relative also told us, "It's brilliant here. [Name of staff member] is fantastic. We used to have a 'no men policy' for staff providing personal care but this has changed because of how good he is with [name of relative]."

Throughout the inspection, we observed all staff, including ancillary staff, took care to ensure they had a positive interaction with everyone they encountered whilst carrying out their role. These interactions included commenting positively on the clothes people were wearing, asking people generally how they were feeling and responding in a caring manner to any comments people made. For example, we heard one person who lived in the home say, "It's very nice here", to which a staff member responded with the comment, "We like you being here." We also observed how staff were not afraid to show people affection, whilst still maintaining a sense of professionalism.; such interactions helped to give people a sense of well-being and the feeling that they mattered to the staff who supported them.

One relative summed up the atmosphere we found in the home in their comment, "As a family we're welcome anytime, they're very welcoming here. This place has helped relatives create friendships, it's the Eachstep Blackburn family." Throughout the inspection, we saw numerous examples of this family atmosphere with relatives, people who used the service and staff having conversations, laughing and showing they cared for each other. We also saw that one member of care staff who was off duty had taken the time to bring their puppy into the home as 'pet therapy' since they recognised that people enjoyed the opportunity to stroke and pet the dog.

An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. Our conversations with staff showed they understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection when they asked people for their views about their day to day support and encouraged people to make their own choices. Staff told us that they understood the need to ensure people were treated as individuals with different needs and preferences. One staff member told us, "We treat people equally regardless of gender, age or need. [It's important] to treat people well, as if they were a

member of our own family. I would definitely be happy for a family member to live here." Another staff member commented, "People are definitely treated as individuals. It's important to make sure people have everything they need, so that they are comfortable and happy."

We saw that staff continued not to wear uniforms; this contributed to the homely feel of the service and helped staff and people interact with each other as adults rather than simply as providers and recipients of care. None of the people we spoke with expressed any concerns about this and it was clear from our observations that people who lived in the home and their relatives were easily able to recognise and identify staff members when they required assistance.

Staff continued to prioritise their contact and interaction with people over the completion of paperwork. When it was necessary for them to update records, we saw how they sat in communal areas, alongside people who lived in the home so that they could continue to engage them in conversations. They also asked people for permission to sit next to them while completing records; this showed they respected the rights of individuals to privacy.

Throughout the inspection we saw examples of staff anticipating people's needs. For example, when one person who was mainly non-verbal began to make slight movements with their empty cup on a table, a staff member responded immediately by saying, "Are you telling me you want another drink?" We saw how they prepared another hot drink for the person who responded by smiling at them. Staff were also expert at providing caring responses if individuals became anxious or distressed. We saw how staff at all levels, including the registered manager, used gentle distraction techniques and a genuinely caring approach in order to calm people and relieve their anxieties. Staff walked alongside people in corridors or sat next to them and engaged them in conversation. A staff member told us, "We always want to make people feel like they are an important person to us. Even if what the person is saying doesn't quite make sense, it's important to make the right facial expressions to help them feel we understand and they matter to us."

There was a mixture of staff throughout the service, male carers, female carers and people from different cultures and backgrounds. This enabled people who used the service to have a choice of being supported by a staff member they felt comfortable with, for example a gentleman using the service could be supported by a male carer if this was their preference.

The activity/community engagement coordinator told us how staff had completed a sponsored walk in support of the local carers centre with which they had good links; this was because staff recognised the value and importance of relatives and friends who were caring for people both in the community and while they lived at Eachstep Blackburn. This showed the kind and caring nature of staff working in the service. The activity coordinator told us they would also refer or direct relatives to the carers centre should they require emotional or practical support.

We noted there was a strong emphasis in the service on promoting people's independence. Care records documented the strengths of people and their preferred daily routines as well as their needs. Throughout the inspection we observed numerous examples of staff encouraging people to do as much as they could for themselves. For example, while supporting a person to eat their breakfast, a care staff member said encouragingly, "You try it yourself." Another staff member told us, "If you are supporting a person to eat and they want try to do things themselves, even if it takes an hour it doesn't matter." We also saw evidence that people were encouraged to use their skills by taking part in baking or cooking activities, with a competitive element introduced between the households.

People's religious and spiritual needs were documented when relevant. The registered manager told us how

they had been proactive in ensuring the service was able to meet the cultural and spiritual needs of staff and people who might choose to live in the home. This meant they had set up certain quiet rooms as 'prayer rooms' and had ensured necessary religious books and artefacts from various different faiths were available for people to use as they wished. On the first day of the inspection we observed a communion service was held in the cinema room. The religious minister who attended told us they had a good relationship with the service and were available for individuals should they require spiritual support.

People who lived in the home and their relatives were provided with information about the service in the form of a service user guide. The guide also included information about advocacy services which people were able to access, should they need the support of an independent person to help express their views or concerns. We were told a copy of the guide was given to people during the pre-admission assessment process. This information would help people to decide whether the home was suitable for their needs or the needs of their relative.

We noted people's personal information was stored securely to protect their right to confidentiality.

## Is the service responsive?

### Our findings

At our last inspection in March 2017, this key question was rated as outstanding. At this inspection the rating remains outstanding.

The service user guide for the home stated, 'Eachstep Blackburn is a place that's full of activity and fun' and this was confirmed by our observations during the inspection. We saw that staff continued to provide a wide range of personalised activities, both on a group and individual basis. The registered manager told us the job title for all care staff was 'Support and activities worker'; this was to emphasise the fact that the responsibility for engaging people in meaningful activity was that of all care staff. The activity/community engagement coordinator told us, "An activity doesn't have to be big to help people feel they matter. For instance, I might say to a person, 'Come on I need help with this jigsaw. We can put things together between us.'" We observed that throughout the home there were numerous resources including jigsaws, colouring books, puzzles which people could use independently or with staff support.

People were provided with a wide range activities which met their diverse needs and interests. The activity/community engagement coordinator told us that, fundamental to arranging activities was finding out about people's interests and aspirations. They told us, "I am passionate about people having a good experience. You get to know what people like by talking to them." We mentioned to them that a person we had spoken with had told us they liked motorbikes and cars and would like to go fishing. The activity/community engagement coordinator told us the person had never shared the wish to go fishing with them but they were already thinking about ways they could support the person to achieve this goal. They also told us how they had bought the person DVDs, colouring books relating to cars or motorbikes to try and engage them in activities and that, although this had not yet been successful, they had not given up trying. They also told us how they had discovered that one person used to be a fruit picker in the past. They had therefore bought plastic fruit and a basket for the person to use. Another example they gave us was how they learned when spending time with a person that they were passionate about Egypt and Tutankhamun. They had therefore purchased colouring books, cushions and jigsaws with an Egyptian theme and spent time with the person using these.

We were shown photographs of many activities in which people had been involved. These included lunch clubs in the community, celebrations for events such as Halloween and Christmas, aerobic sessions, and gardening. The activity/community engagement coordinator told us, "People can get so much pleasure from just being in the garden. I encourage them to use their senses to smell and touch flowers and herbs and ask them if they remember what they are or if they used them in cooking in the past."

We found staff were prepared to go the extra mile over and above what would normally be expected of them to help ensure people had an excellent quality of life; this had also been recognised in positive feedback given by relatives of people who lived in the home. The activity/community engagement coordinator gave an example of how they had supported a person to attend a local theatre when it was snowing as the person really wanted to see the show. Following their return to the home, the activity/community engagement coordinator told us they were unable to return home due to the weather so they remained at Eachstep

Blackburn overnight. In the morning they fulfilled their promise to another person to get them a cake for their birthday rather than going off duty. They also told us how they had enabled and supported a person who had lost touch with a family member to regain contact which they now thoroughly enjoyed.

The registered manager told us that music was particularly important for people who lived in Eachstep Blackburn. They told us that, since the last inspection they had engaged in a research project with a local university called 'Live Music Now', studying the impact of live music on people living with dementia. In order to participate in the project, the registered manager had submitted a bid to Comic Relief to fund training for staff and to purchase a range of instruments from all over the world, particularly percussion, which people in Eachstep Blackburn were able to use. The activity/community engagement coordinator told us two professional musicians came to the home to work with staff and people who lived there to engage in making music. They told us, "It makes such a difference to people."

The service had been successful in engaging with the local community to recruit volunteers and provide placements to local college students, whose sole responsibility while on placement was to engage people in meaningful activities. We saw a certificate from the local college which showed the home had been awarded placement of the year in 2017. On the second day of the inspection, we saw that young people from the local police cadet organisation attended the home as part of a regular arrangement. We observed they had clearly developed good relationships with people in the home and spent all of their time engaging people in conversation or activities.

The layout of the home was designed to encourage people to engage in meaningful activity. For example, one floor had a sporting theme with football shirts available for people to pick up and wear as they wished. The service had also worked in partnership with Blackburn Rovers football team and had secured two season tickets which people in the home were able to use. The activity/community engagement coordinator was also planning to take a number of people for a walk around the pitch at the football ground. Another area of the home had a seaside theme and there was a tea room which people could enjoy with staff or their relatives.

There were appropriate arrangements in place to help ensure people received the care they both wanted and needed. Care records included a good level of detail about people's likes, dislikes, preferences and routines to help ensure they received personalised care. All care plans were underpinned by a series of risk assessments. People's care plans also reflected human rights and values such as people's right to privacy, dignity, independence, choice. Staff told us the care plans were useful and informative.

The registered manager told us they remained committed to ensuring Eachstep Blackburn was able to meet the cultural and religious needs of all communities living in the location served by the home. Since the last inspection, they had continued to work in partnership with a leading local community group which supported people from the South Asian community. They told this partnership had enabled them to consult with numerous individuals and groups to help ensure Eachstep Blackburn was able to deliver a culturally appropriate and inclusive service to all people living in the local community. The registered manager told us they were also working with a local community centre with the aim of providing a dementia café which could be used by people who lived in Eachstep Blackburn and the wider community.

We checked if the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The registered manager told us the provider had not yet developed a policy to inform and guide staff on the AIS. However, we noted care

records included information about people's communication needs. The guide given to people prior to admission to the home also informed them that full consideration would be given to their communication needs and alternative methods such as picture cards employed if necessary.

The registered manager demonstrated a commitment to using technology to improve the experience of people who used the service. There was a virtual tour of the home which could be shown to people prior to their admission so they could make a decision about whether Eachstep Blackburn met their needs. The lighting in the home had been developed to change throughout the day. Daylight bulbs helped with the intake of vitamin D, while these shifted to a more reddish tone at night to aid with relaxation. The flooring throughout the home included impact reduction which was designed to reduce the impact of falls and sensor mats were used to alert staff to people who were at risk of falls. The registered manager was also planning to introduce an electronic system to support the safe handling of medicines in the home.

People were able to have their own landline in their bedrooms; this meant they were able to have their own telephone number and receive incoming calls from friends/relatives etc. free of charge. The home had Wi-Fi throughout which people could use via their own devices to follow their interests or engage with people outside of the service.

Records we reviewed showed people who lived in Eachstep Blackburn and, where appropriate their relatives, had been involved in care plan reviews. The service continued to use the 'What's Working, What's Not Working' tool to encourage people to provide feedback on the care provided. We saw that when any issues had been raised, an action plan had been documented within the care records to show how these would be resolved and by whom.

People told us they were encouraged to give their views and raise concerns or complaints. The registered manager had recognised that this was sometimes difficult for people to do. They had therefore developed a 'Making your views known' leaflet which was available throughout the home for people to complete whenever they felt if necessary to do so. The leaflet also encouraged people to record any positive feedback they had which might otherwise not have been documented.

None of the people spoken with had had cause to raise concerns and were happy with the service they received. The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed there had been five complaints made about the service since the last inspection. Records showed these complaints had been fully investigated by the registered provider and a full response provided to the complainant.

There was no one receiving end of life care at the time of our inspection. The registered manager told us staff had attended training in best practice in end of life care at the local hospice. They also told us the care records in the service had been updated to document people's end of life wishes at the point of admission, rather than waiting until the person might no longer be able to express their views and preferences.

Since the last inspection, the provider had distributed an annual satisfaction survey to people who lived in the home. There had been a 40% response rate and highly positive feedback had been received to the majority of the questions.

We saw that a number of compliments and 'Thank You' cards had been received at the home. One person had singled out a particular staff member as being 'exemplary, showing true commitment to Eachstep and the people who lived there'. They had written that they had visited the home to look round when, 'a lady was in distress and the staff member helped her with natural compassion and ensured the person received

the help they needed. Nothing seemed too much trouble'. This supported our view that staff were extremely responsive to people's needs and committed to providing high quality, compassionate care.

## Is the service well-led?

### Our findings

At our last inspection in March 2017, this key question was rated as good. At this inspection the rating has improved to outstanding.

Community Integrated Care is the provider of the service; this is a national social care charity which provides care and support to people across England and Scotland.

The service had a registered manager in place as required under the conditions of the provider's registration with CQC. 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.

Since the last inspection, the registered manager had continued to promote best practice in dementia care by speaking at conferences and writing articles for professional journals. Throughout the inspection, they demonstrated an excellent understanding of research into best practice in dementia care and told us how they had tried to use this to enhance the experience of people living in Eachstep Blackburn. For example, they told us the tables in dining areas were not set with tablecloths, as research had shown that people living with a dementia ate better when there was a clear contrast between the plate colour and the table. They were also committed to supporting research to develop the evidence base about the impact of music on people living with a dementia. In recognition of their leading work, the registered manager had been appointed as a judge for the National Dementia Care Awards 2018, having previously been the winner of the best manager award.

Since the last inspection, there had been a change of Chief Executive in the provider organisation. The registered manager told us this had led to a revision of the values and strategy of the organisation; these were on display in the entrance foyer of the home and the provider had workshops planned in September to launch them to the workforce. However, during our inspection it was clear that staff understood and exemplified the provider's brand promise to 'care with passion'.

The registered manager told us they recognised the importance of staff feeling valued by the organisation in order for them to deliver high quality care. To drive improvement and reward staff that used their initiative and went the 'extra mile', the provider had introduced a number of schemes; these ranged from simple 'Happiness Vouchers' which were thank you cards given by the registered manager to a national rewards scheme, voted for by staff on the intranet. The provider held an annual award ceremony, for which a member of staff at Eachstep had been nominated. People who used the service, their relatives and staff were also able to nominate staff for a regional 'Employee of the Month'.

At a national level, the provider had invested a substantial amount of money into a well-being fund to make improvements for staff. We were told the new Chief Executive was committed to leading an organisation which was influenced in its direction by frontline staff. To support this, staff had been invited to contribute to

a survey about their experience of working in the organisation. A culture committee was working to achieve what staff had highlighted as important to them. We were also told that staff were able to access a hardship fund should they find themselves in financial difficulty which might impact on their ability to deliver the high quality, compassionate care expected of them. The registered manager told us this had been helpful in allowing them to retain excellent staff who might otherwise have had to leave the organisation due to their financial circumstances.

A strength of the home, was the way in which links had been developed with organisations in the community to help improve the quality of life of people who lived at Eachstep Blackburn; this included links with colleges to provide placement opportunities to young people whose role was solely to engage people in the home in conversation or activity. In addition, the provider had also recently developed a partnership with another national charity which was a specialist in providing reminiscence arts. The registered manager told us they were excited about working with this charity to develop services in the local community for people living with dementia, including those people who lived in Eachstep Blackburn.

Without exception, staff spoke about Eachstep Blackburn being an excellent place to work. They told us they received regular supervision, had access to plenty of training opportunities and felt very well supported by the registered manager and senior staff. Comments included, "[Name of registered manager] is very good. He models behaviour which I can replicate", "[Name of registered manager] encourages us to think about doing things better or in a different way", "I have previously worked in another home and this one is far better, the care is more personalised", "There's always a good response from management when concerns are raised" and "It is important to be able to meet the diverse needs of the residents and this is encouraged by management. There is a culture that encourages the individual needs of the resident and it is not regimented or institutionalised."

Minutes of staff meetings showed they were encouraged to express their ideas on how to develop the service. The registered manager told us, "Eachstep Blackburn has a trusted team of staff. I try to empower them to be the best they can be and give them the tools and guidance to do so." In addition, feedback from people who used the service and their relatives, gathered through care plan reviews, resident meetings and complaints or compliments, were used to continuously improve the service.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. In addition, the provider monitored the service through audits and inspections carried out by the Quality and Excellence Partner which ensured practice was evaluated by individuals who were independent from the service. There was also an electronic system which ensured the registered manager kept recording systems up to date. Flags appeared on the system if any action was outstanding or overdue. We saw that action plans were in place to address any shortfalls that had been highlighted.

The leadership of Eachstep Blackburn showed a clear commitment to providing a good quality service which ensured that people could fulfil their goals and ambitions and live as fulfilled and enriched life as possible.