

Deaf Action

Easthill Home for Deaf People

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Easthill home for Deaf People is a residential care home providing accommodation and personal care for up to 15 older people with sensory impairment. At the time of this inspection there were 10 people living at the home.

People's experience of using this service and what we found

People and their family members all gave us positive feedback about the home and told us that staff were kind and caring. We observed positive communication between staff and people. Activities suited to people's interests and abilities were provided and promoted people's health and well-being. The home's atmosphere was warm and homely.

People told us they felt safe and there were appropriate systems in place to protect people from the risk of abuse. The management team and staff understood the actions they should take to keep people safe. People were supported to take their medicines safely and as prescribed. They were able to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided. Infection prevention and control measures were in place and followed government guidance.

Care plans contained relevant information about people's health, social and personal care needs. People and, where appropriate family members, were involved in the development of care plans.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood equality and diversity. People were treated with dignity, and their privacy was respected. Independence was promoted.

Individual and environmental risks were managed appropriately. People had access to any necessary equipment where needed, which helped ensure people were safe from harm. Staff had received fire safety training and knew what to do in the event of a fire.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed. There were enough staff to support people's needs. Staff had received training and support to enable them to carry out their role safely. Staff received supervision and their competency was assessed to help develop their skills and support them in their role.

The management team carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities. People, their family members and external professionals said the management team were approachable and supportive. Staff were also positive about the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 6 September 2021 and this is the first inspection.
The last rating for the service under the previous provider was Good, published on 6 August 2018.

Why we inspected

This was a planned inspection based on the date the service was registered.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Easthill Home for Deaf People

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one inspector. A British Sign Language [BSL] interpreter supported the inspector to ensure people who used the service could express their views.

Service and service type

Easthill Home for Deaf People is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Easthill Home for Deaf People is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 November 2022 and ended on 30 November 2022. We visited the service on 24 and 30 November 2022.

What we did before the inspection

We reviewed registration reports and information we had received about the service since they were registered, including notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in August 2022 in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 12 July 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who use the service and 4 family members. We sought feedback from the local authority and health professionals who work with the service and received responses from 4 of them. We spoke with 3 care staff members, a cook, a housekeeper, the registered manager, providers nominated individual and the providers chief executive officer. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including 3 people's care records. We looked at 3 staff files in relation to recruitment and records relating to staff training. A variety of records relating to the management of the service, including audits, surveys, policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and followed to protect people from the risk of abuse.
- People and their family members all said they felt safe using the service. A person told us "Yes, I'm very happy, it's very safe here, the staff are nice." When asked if they felt their family member was safe, we received the response, "Absolutely."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member described the actions they would take if they witnessed or suspected abuse may have occurred. They told us, "If I had concerns, I'd go to [registered manager]. I could go higher in the company or to you [CQC] if needed."
- The registered manager detailed appropriate actions they would take if a safeguarding concern was raised to them and confirmed they had undertaken safeguarding training.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage foreseeable risks within the service meaning people were effectively protected from the risk of harm.
- Individual risks had been assessed and recorded, along with action staff needed to take to mitigate the risk. For example, risk assessments were in place for people at risk of falling and we saw the identified falls prevention measures detailed in risk assessments, which were in place within people's bedrooms.
- Other risk assessments included medicines management such as specific risks for people receiving blood thinning medicines, nutrition, dehydration and mobility. Daily records of care showed staff were following risk mitigation measures. Risks were managed in a way to ensure people were able to be as independent as possible and could enjoy activities they liked doing.
- Services such as, gas, water and electrical wiring and appliances were checked and serviced regularly by appropriately qualified external professionals.
- Fire safety risks had been assessed by a specialist and additional action had recently been taken to reduce the risk. For example, the external fire escape had been replaced ensuring it was safe should there be a need to use this.
- Fire detection systems were checked weekly by an external contractor. Personal emergency evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in an emergency. Staff confirmed they had received fire awareness training and understood the actions they should take should a fire occur.

Staffing and recruitment

- People were supported by appropriate numbers of consistent staff who they described as kind and caring.

- People told us they felt there were enough staff who knew how to support them. One person said, "They're [staff] brilliant. They know what they're doing." Another person told us, "They [staff] always come if I need them." Another person said, "[The staff are] lovely, I like them, they are very kind." A family member told us, "Thus far I feel staffing levels have been consistent."
- Care staff told us they felt there were enough staff. One staff member told us, "We have time to do everything we need to do." They also confirmed 2 staff were always available when required to support people who needed a higher level of support. Staff were seen to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way.
- Staffing levels were determined by the number of people using the service and the level of care they required. Short term staff absences were covered by existing staff members, the registered manager or regular agency staff which helped ensure continuity of care for people.
- Recruitment procedures were robust, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- Suitable arrangements were in place for obtaining, storing, administering, recording, disposing safely of unused medicines and auditing of medicines management systems. Apart from topical creams, staff monitored fridge and room temperatures where medicines were kept, checking medicines were stored within safe temperature ranges. The registered manager promptly arranged for a suitable thermometer to be in place to monitor the temperature of storage of topical creams.
- People confirmed they received their medicines as prescribed and they could request 'as required' (PRN) medicines when needed. A person said, "The staff give me my tablets."
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. This had been reassessed at least yearly using a formal approach.
- Medication administration records (MARs) confirmed people had received all their medicines as prescribed. Where additions or amendments had been made to MARs 2 staff had checked the accuracy of the handwritten changes.
- For people who were prescribed medicines to be administered on an 'as required' basis, there was guidance to help staff understand when to give them and in what dose. A record was maintained of the effectiveness of administration meaning that external professionals had all the necessary information to review medicines prescribed.
- There were effective systems in place to help ensure topical medicines were used as prescribed. The date topical creams had been opened was recorded, to help ensure they were not used beyond their 'use by' date.
- Monthly audits of medicines were undertaken to identify any discrepancies with stock levels and ensure records of administration were fully completed.
- Systems were in place to ensure that when additional medicines such as antibiotics were prescribed, these were obtained promptly meaning there were no delays in commencement of administration.

Preventing and controlling infection

- Discussions with the registered manager and staff showed they were aware of government guidelines in relation to the management of risks relating to COVID -19 and other infections. We identified a risk clean clothing could be contaminated in the laundry room by clothing waiting to be washed which was on the floor adjacent to washing machines. We discussed this with the registered manager who took immediate action by purchasing lidded washable containers for laundry to be placed in pending washing.
- We were assured that the provider was responding effectively to risks and signs of infection.

The provider's infection prevention and control policy was up to date. Appropriate arrangements were in place to control the risk of infection including that presented by COVID-19.

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable masks, gloves and aprons, which we saw they used whenever needed. People and family members told us staff always wore masks.
- We were assured that the provider was preventing visitors from catching and spreading infections. Family members confirmed they were supported to visit their relative safely.
- We were assured that the provider was accessing testing for people using the service and staff. The registered manager was aware of when they should ensure people or staff undertook COVID - 19 testing and what action they should take if a positive result was received.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People said they felt the home was clean. One person told us, "Yes, it is clean, all the time." The home appeared clean and housekeeping staff completed regular cleaning in accordance with set schedules. Staff confirmed this and told us they had time to complete all necessary cleaning.
- We were assured that the provider had safe procedures when admitting people safely to the service.
- The home had been awarded 5 stars [the maximum] for food hygiene by the local authority food hygiene inspectors

Visiting in care homes

- Safe systems were in place to enable people to receive family or other visitors. Family members confirmed they were able to visit whenever and as often as they wished to do so and, could take people on outings away from the home.

Learning lessons when things go wrong

- There was a process in place to monitor incidents, accidents and near misses. Action to address any issues was taken when needed. For example, the registered manager described how they had rearranged furniture within a person's bedroom to reduce the risk of injury if the person fell.
- All accident or incident records were reviewed by the registered manager. This ensured all necessary action could be taken should this be required.

Is the service effective?

Our findings

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

This is the first inspection for this registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments were completed before people moved to the home. Care plans were then developed to include people's identified needs and the choices they had made about the care and support they wished to receive.
- Family members confirmed they and others involved in the person's care had been included in assessments of people's needs.
- Staff followed best practice guidance, which led to good outcomes for people. For example, they used recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Each person had an oral care plan in place and staff supported people in accordance with the latest best practice guidance on oral care.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Their diverse needs were detailed in their care plans, including gender preferences for staff support.

Staff support: induction, training, skills and experience

- People received care from staff who had the necessary knowledge, skills and experience to perform their roles. A person told us, "The staff all seem to know what they are doing and they are nice."
- Staff completed a range of training to meet people's needs, which was refreshed and updated when required. New staff completed a programme of induction before being allowed to work on their own. This included a period of shadowing more experienced members of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. This was confirmed by care staff we spoke with and training records viewed.
- Our observations of staff indicated that they followed training provided when caring for people. For example, we observed staff communicating with and supporting people with mobilising. The procedures observed were appropriate and people were supported to feel safe throughout.

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

- People were complimentary about the food and told us they had enough to eat and drink. Comments from people included, "The food is good" and "There's plenty to eat".
- People were supported to eat a varied and nutritious diet based on their individual preferences. Individual dietary requirements and people's likes and dislikes were recorded in people's care plans and staff knew how to support people effectively. The cook was aware of people's individual meal preferences and requirements and confirmed these could be met. The cook said, "I can order whatever I need, so if someone

wants something different I can just add that to the order or someone (staff) will pop up to the shop."

- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely. Food and drink intake was recorded, weight was monitored and contact with external professionals undertaken when required.
- People were provided with a choice of 2 main meal options; however, they could request alternatives if required. People were also provided with drinks and snacks throughout the day. Care staff and the cook confirmed that the kitchen was always available and food could be provided throughout the day and night if required.

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

- The environment was suitable for the needs of people living at Easthill Home for Deaf People.
- There was a range of communal areas available to people, including a dining room, lounge and conservatory which allowed people the choice and freedom of where to spend their time.
- People had access to a garden. The registered manager told us there were plans in place to landscape this and ensure it was enclosed meaning people living with dementia could access this independently without having to rely on staff support as was the case at the time of the inspection.
- The service made appropriate use of technology to support people. An electronic system allowed people to call for assistance when needed and movement-activated alarms were used to alert staff when people moved to unsafe positions. Appropriate devices were in use to alert people if there was a fire. As people would be unable to hear staff knocking on bedroom doors prior to entering staff used a light switch positioned outside the bedroom to alert people they would like to enter.
- Consideration had been given to supporting people living with additional needs such as dementia or poor vision. Toilets and bathrooms were well signed to make them easier for people to find and consideration had been given to colours used so people could locate use these rooms independently.
- All parts of the home could be accessed by a passenger lift or stair lift.
- All bedrooms were for single occupancy with wash hand basins, toilets and bathrooms were located nearby. People's rooms were furnished and adapted to meet their individual needs and preferences. Pictures, personal belongings and soft furnishings evidenced people were involved in personalising their rooms.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People told us they were supported to access local healthcare services such as doctors or community nurses. This was confirmed in care records viewed.
- People's health needs were recorded in their care plans and contained information from health care professionals. Prior to admission the registered manager ensured they had health background information from the person's gp and where appropriate hospital discharge information. Staff understood how to support people with healthcare needs. For example, a care staff member was able to describe the care a person with a specific medical need required and what may indicate the person had an infection and require medical intervention.
- Staff worked together to ensure people received consistent, coordinated, person-centred care and support. At the start of each shift staff received a handover and could access care plans should they wish to confirm any information.
- If a person was admitted to hospital, staff ensured key information about the person was sent with them. This helped ensure the person's needs continued to be understood and met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where there was a concern that people may not have capacity to make a specific decision, MCA assessments had been completed such as for personal care and receiving medicines. These had included consultation with those close to the person and decisions had been made in the best interests of the person. These had been fully documented.
- Where people had capacity to make some or all decisions relating to their care, we saw they had consented with the proposed care and support.
- Staff were clear about the need to seek consent from people before providing care or support. People's right to decline care was understood. Care staff said that, should people decline care or medicines, they would return a short while later to again help. Should people continue to decline they would encourage but respect the person's decisions and inform the management team.
- Where necessary, applications had been made to the relevant authority and nobody was being unlawfully deprived of their liberty.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

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

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

- People and their family members described staff as "friendly" and "nice". When asked about the staff a person said, "They are all nice to me, they are friendly." Another person said, "They're [staff] very nice, all of them are."
- Family members echoed these comments. One said, "The staff are really good, nice and we see the same ones when we visit."
- All external professionals felt staff were caring. One told us, "The staff treat their residents kindly and interact very well with the residents."
- We observed positive interactions between people and staff. Staff supported people in a friendly, calm and patient way. They consistently treated people with respect and spoke about them in an affectionate, caring manner. For example, we saw a staff member reassure a person by bending down to their eye level and using touch appropriately.
- Staff spoke positively about people and demonstrated a good understanding of them as individuals. For example, they were able to describe who preferred to remain in bed later each morning and what people's favourite food was.
- A staff member described how they gave people the time they needed and tried not to rush them. We observed this during the inspection when staff prompted and encouraged people rather than take over.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Staff gave examples of how they had recognised people's diverse needs and respected their individual lifestyle choices.
- People were supported to follow their faith. The registered manager said they had links with a vicar who could communicate with people using British Sign Language who attended the home for Christmas and Easter events. Should people follow other religions the registered manager said they would identify how these needs would be individually met.

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

- People and family members were given the opportunity to express their views.
- Records confirmed that people, and where appropriate family members, were involved in meetings to discuss their views and make decisions about the care provided.
- Staff understood people's rights to make choices. We saw people being consulted throughout the inspection about where they wished to go and what they wished to do. Choices were presented in ways people could understand and respond to such as at lunch time. All staff were using British Sign language

throughout the inspection when people were around.

- People's views about the service were sought. Surveys had been undertaken in April 2022 with people and family members. The results of these had been analysed and showed people were happy with the service provided. Informally the management team would speak with people and visitors on a regular basis to ensure they were satisfied with the care being provided.
- People were supported to keep in contact with family members. The home welcomed family members and friends and followed the appropriate guidelines and procedures in place due to COVID- 19. When visiting had not been possible family members told us they had received regular contact from staff and video 'visits' had also been arranged. A family member said, "[The registered manager] does a fantastic job in sharing brief updates of my relatives progress, sharing pictures of days out and activities which is very heart warming."

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way that respected people's privacy and dignity. People were supported to be independent as far as possible.
- When asked if staff respected their privacy and dignity a person said, "Yes, always." A staff member said they "Would always keep people covered up as much as possible" when providing personal care. All bedrooms were for single occupancy meaning personal care would be provided in privacy.
- People had been asked if they had a gender preference regarding staff who might be providing personal care support. Care staff confirmed they knew who preferred personal care to be provided by staff of a specific gender and that these requests were always met. Respecting people's choices about the gender of staff providing them with care helped ensure people's privacy and dignity, as they were cared for by staff they felt comfortable with.
- Staff encouraged people to be as independent as possible. Care files included information as to what people could do for themselves.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. Information held on the computer was password protected. This demonstrated people's confidential information had been stored appropriately in accordance with legislation.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's needs were assessed prior to them moving to live at Easthill. Information from the initial assessments was used to develop detailed care plans which were reviewed and revised as people's needs changed. Records of care provided confirmed that people were being supported in line with the information in their individual care plans and risk assessments.
- Person-centred care was promoted. People's likes, dislikes and preferences were recorded in their care plans. Staff understood people's needs, wishes and preferences. They described how they took a person-centred approach to supporting people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- All staff had the necessary skills to communicate with people.
- Everyone living at Easthill communicated with British Sign Language (BSL). When staff were recruited who were unable to use BSL training was provided. We spoke with a newer staff member who said, "I didn't know BSL before working here but they gave me training and of course I can just ask the residents if I'm not sure – they're the experts in it."
- Family members were positive about staff communication skills. For example, one family member told us, "I have strong confidence in the staff at Easthill's ability to communicate with my relative. I feel that this communication means she is understood which forms a great basis to develop a deeper understanding of her needs." This view was also reflected in comments by external professionals.
- People's communication needs were identified, recorded and highlighted in their care plans. Some people were also living with additional communication needs caused by other health conditions such as dementia.
- Suitable signs were provided to help people move around the home and find places such as toilets or bathrooms.

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

- There was a range of activities available to people providing physical and mental stimulation.

- People told us they had sufficient activities to keep them occupied. One person said, "I'm happy, I have my [jigsaw] puzzles." Another person told us they were enjoying watching the football World Cup on television. Whilst a third person told us about an external activity they had recently started doing with one of the staff members.
- Staff told us they had time to support people with activities including accessing the local community. The provider employed a person one day a week who was able to take people on local outings of the person's choice.
- Individual assessments and care plans included information about people's life histories, leisure activities and interests.

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care.
- The registered manager demonstrated they were committed to providing good quality end of life care. They told us about links with the local hospice and how they would work with other services for the benefit of the person who would be supported to remain within the service as long as their needs could be safely met. This reflected information in statutory notifications we had received which demonstrated that people had received appropriate care at the end of their lives. Notifications are information about specific important events the service is legally required to send to us.
- People's care plans contained information about their end of life wishes. The registered manager had worked with staff from the local gp surgery to identify people's wishes including the extent of treatment to be provided such as resuscitation in an emergency. Systems were in place to ensure staff had up to date information readily to hand should the need occur.

Improving care quality in response to complaints or concerns

- The management team welcomed people's views about the service.
- People and relatives told us they had not had reason to complain but knew how to if necessary. They said they would not hesitate to speak to the staff or the management team and were confident any issues would be resolved. A family member told us, "We have had no need to raise any concerns thus far, but feel that [registered manager] would be very receptive and equally responsive to any concerns we have."
- Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint.

Is the service well-led?

Our findings

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

This is the first inspection for this service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt the service was well managed and told us they would recommend Easthill to a friend or relative who required residential care. One person said, "Yes, I would recommend this place."
- Family members and external professionals echoed this view with one stating, "We have been very impressed with the overall level of care she has received and feel very confident in Easthill. The whole team seem very engaged and [registered manager] regularly goes over and above to keep us up to speed with my relatives progress."
- Staff also felt the service was well managed. All were positive about the support they received from the registered manager and felt they could go to them with any issues or concerns. One staff member said, "Any problems yes I could talk to [registered manager]." Another staff member told us, "We [staff] get lots of support from [registered manager] – she is a really good listener and we are able to raise suggestions which are listened to." Care staff also said they had contact details for other senior staff within the provider organisation and felt able to go to them if necessary.
- The registered manager had a clear vision for the service. Within the Provider information Return (PIR) completed by the registered manager they identified theirs and the providers vision for the service. This being based around, 'Deaf Action is a deaf-led organisation which means deaf people remain at the heart of all we do.' The PIR is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.
- People were actively encouraged to participate in the running of Easthill and involved in on decisions about the service. During a CQC monitoring process completed in July 2022, the registered manager told us about suggestions made by people they had acted upon. These included hiring a gardener to make the garden more suitable for people to use and decorating the main lounge area during which people were involved in choosing the colours for communal areas.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour which requires the service to apologise, including in writing when adverse incidents have occurred.
- Providers are required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The registered manager understood their responsibilities and had appropriately notified CQC as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There was a clear management structure in place. The providers senior management team were actively involved in the monitoring and running of the service.
- There was a framework of accountability to monitor performance and risk. For example, quality assurance audits were regularly completed to highlight areas for service improvement. During the inspection the registered manager demonstrated a full understanding of the service and a commitment to ensuring people received high-quality care. When we identified minor areas for improvement immediate action was taken.
- Quality assurance procedures were in place to support continual improvement. These processes included the completion of audits for care plans and medicine administration records, and the completion of quality assurance questionnaires, which were sent to people and staff.
- The registered manager and provider had plans in place to improve the environment for the benefit of people living at Easthill. Initial safety actions had been completed by the provision of a new external fire escape. Work had commenced on the garden wall with further external improvements planned to make the garden and outside areas more accessible for people. The bathroom on the ground floor was being renovated and we were told plans were in place to refurbish other parts of the home.
- Supervision and competency monitoring of care staff were completed which enabled the registered manager to review staff performance.
- Policies and procedures were in place to aid the smooth running of the service and staff had access to these at all times. For example, there were policies on, safeguarding, whistleblowing, complaints and infection control.

Working in partnership with others

- The service worked well with all relevant agencies, including health and social care professionals as well as family members. This helped to ensure there was joined-up care provision. For example, one family member said, "[registered manager] keeps us so well informed."
- A social care professional said, "The [registered manager] is always very approachable. She is a great advocate for the people residing in Easthill and can provide immediate answers to any questions asked as she knows them well. The staff interact with each other well."
- The service had developed links with resources and organisations in the local community to support people's preferences and meet their needs.