

## Eastlands Health Care Limited

# Eastlands

### Inspection report

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Date of inspection visit:  
28 September 2022  
05 October 2022

Date of publication:  
03 November 2022

### 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

Eastlands is a residential care home providing accommodation and nursing and personal care for up to a maximum of 20 people. The service provides support to people who have a physical disability and mental health conditions such as dementia. At the time of our inspection there were 19 people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there was one person using the service who have a learning disability and/or who are autistic.

Right Support: Model of Care and setting that maximises people's choice, control and independence

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

People were protected from the risk abuse. They felt safe with staff. Risks to people's health and safety were assessed, monitored and changes acted on. There were enough skilled, trained and experienced staff to provide safe care. Medicines were well managed. The home was clean and tidy and procedures to reduce the risk of the spread of COVID-19 were in place. Learning from accidents and incidents took place, appropriate notifications were forwarded to the relevant authorities.

People's needs were assessed prior to them coming to Eastlands, this enabled the provider to be assured they could meet people's needs. People's care was provided in accordance with the Equality Act 2010. Almost all training had a 100% completion rate. Action was being taken to address any shortfalls. Staff felt supported and enjoyed their role. People were supported to maintain a healthy, balanced diet. Good oral health care was encouraged. People were supported to lead healthy lives and staff liaised with and acted on guidance from external health and social care professionals. The environment was suitable and adapted for people living with mental health conditions, physical disabilities and dementia.

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.

People felt staff were kind, caring and respectful. They enjoyed the company of staff.

Staff provided care in a dignified way that respected people's privacy. People were supported to make decisions about their care where able. Easy read documentation was used to support decision making. People's independence was encouraged and supported wherever possible

Support plans were detailed, person-centred and relevant to people's individual needs. A skills coordinator supported people with their activities and life goals. Efforts had been made to provide information for people in accordance with the Accessible Information Standard. The complaints process was clear and understood by people. Complaints had been responded to in accordance with the provider's policy. End of life care not currently provided; however, staff received the training needed to support people if required.

There have been clear, sustained improvement since the registered manager was in post. All breaches from the previous inspection had been addressed and there was a clear structure in place for monitoring risk, assessing staff performance and driving improvement and development. The registered manager was supported by senior management to carry out their role. The registered manager understood and adhered to the regulatory requirements of their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 5 July 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastlands on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Eastlands

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two CQC inspectors one of which was a registered nurse, and an Expert by Experience (EXE). The EXE is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Eastlands 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. Eastlands is a care home with 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

We gave the provider 24 hours' notice of the inspection. This was because many of the people living at Eastlands had a mental health condition and/or learning disability. We wanted people to be made aware of our planned inspection to minimise any potential disruption to their mental wellbeing.

Inspection activity started on 28 September 2022 and ended on 5 October 2022. We visited the home on 28 September 2022.

**What we did before the inspection**

We used the information the provider sent us 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 asked local authority commissioners, and other agencies such as Healthwatch for their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used this information and our internal records to plan our inspection.

**During the inspection**

We spoke with 10 people and two relatives. We asked them about their experiences of the care provided. We spoke with 13 members of staff. This included, six health care assistants, two nurses, housekeeper, maintenance person, catering manager, regional director of operations and the registered manager. The regional director of operations was representing the provider during this inspection.

We reviewed a range of records. This included part of the care records for seven people as well as medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to always robustly assess the risks relating to the health safety and welfare of people. They also failed to ensure that people's medicines were managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made on the provider was no longer in breach of this regulation

- The risks to people's health and safety were now appropriately assessed, monitored and changes to care needs implemented quickly to reduce the risk to people.
- A relative commented staff had helped to reduce the number of times their relative became distressed which impacted on people who used the service . They said, "The staff are attuned to them now and are managing them."
- People's support records contained clear guidance for staff to support people with their individual mental health conditions. This included dementia and learning disabilities. Where people presented symptoms that could affect others, these incidents were recorded, monitored for themes and action taken to try to reduce the risk of recurrence.
- We observed staff use individualised methods to support people and offer reassurance to those who had become distressed. This contributed to a calm environment within the home.
- Nurses, and where appropriate other staff, had received training on how to support people with complex medical procedures. We reviewed these procedures and spoke with staff and we were assured staff understood how to care for and support people in a safe way.
- Individualised plans to ensure people were safe in an emergency were recorded in people's support records. This helped to keep people safe.

### Using medicines safely

- People's medicines were now managed safely.
- A person told us they managed one aspect of their medicines themselves and the nurse checked they had administered this safely. They told us they appreciated being supported to do this.
- Medicines were stored safely, and we observed them being administered appropriately. People's medicine administration records were thoroughly completed, and, when people required medicines on an 'as needed' basis, protocols were in place to ensure these were administered appropriately.
- Staff told us they completed medicines management and administration training, they were able to observe and were supervised giving medicines initially and had a competency assessment.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect.
- People felt safe when staff supported them. They felt safe living at Eastlands.
- Restraint procedures were used when needed to support people who presented behaviours that were a danger to themselves and/or others. Staff were well-trained, records were thorough and reviews of whether the use of restraint was appropriate were conducted.
- There were clear, restraint reduction policies in place with the aim of reducing the number of times people needed to be restrained. We were assured that the procedures were a last resort and were appropriately and safely used.
- All staff spoke with had a good understanding of how to identify and act on the signs of potential abuse and neglect.
- The registered manager had ensured the relevant authorities were notified when a safeguarding incident had occurred. Records showed these incidents were thoroughly recorded, reviewed and used to reduce the risk of recurrence, reducing the risk to people's safety.

Staffing and recruitment

- There were enough suitably skilled, trained and experienced staff to keep people safe.
- People told us staff were there when they needed them. A person said, "I get my tablets on time and they are usually quick when I press the buzzer."
- We observed people's needs being responded to quickly. There was a calm, organised and efficient atmosphere between staff and people. Staff were there when needed, but also did not impose on people when they wished to be alone.
- Staff were recruited safely. This included checks on people's criminal records, employment history and identification. This reduced the risk of people receiving care from unsuitable staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on people receiving visitors at Eastlands. Visitors were encouraged to respect mealtimes and not visit during this time. However, if visitors did arrive during mealtimes, they were not restricted entrance to the home.

Learning lessons when things go wrong

- The provider ensured lessons were learned when mistakes occurred.
- Accidents and incidents were recorded, investigated and reviewed. This helped to reduce the risk of recurrence.

- The appropriate authorities were notified when an accident or relevant incident occurred.
- Where staff performance fell below the required standard, support was offered to staff to improve and develop their roles. How to learn from mistakes was discussed during team meetings.

# 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.

At our last inspection we rated this key question as good. At this inspection the rating has remained the same. 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

- People's care, support and health needs were assessed prior to them living at the home. Care and support was provided in accordance with regulations and required care standards.
- People told us they received the care and support they needed. One person told us about the support they received with managing their diabetes and this made them feel reassured.
- Urinary catheter care plans provided guidance for staff on the care of a person's catheter and information about how to identify a urinary tract infection (UTI). There was evidence to show that the catheters were changed in line with the manufacturer's guidance and clear information about the details of the catheter in case of any problems in the future. This helped to maintain the person's health.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, skilled and had the experience needed to provide effective care.
- People felt staff understood how to provide effective care. A relative praised the impact staff had on their family member, praising their willingness to listen and to provide appropriate support.
- Records showed staff training was thorough, specific to their role, and, where required, refresher training was provided to ensure knowledge remained up to date and relevant.
- Staff received supervision of their role and their competency. Staff were encouraged to develop their skills by obtaining external recognised qualifications such as diplomas in social care.

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

- People were able to eat and drink enough to maintain a healthy and balanced diet.
- People told us they were offered a choice of food and drink and we observed people's individual choices being respected. The catering manager was aware of people's individual requirements to maintain a healthy weight. Records showed people's specific dietary requirements were met, this included if people were diabetic, or, if they followed a vegetarian or vegan diet.
- Staff monitored people's weight and sought advice when people lost weight. We checked the weights of two people using the service and saw both had recently gained weight (although were still in a healthy weight range).
- When people were at risk of choking this was identified, and actions were in place to reduce the risk and there had been input from a speech and language therapist. Guidance provided was implemented into the support plans.
- Some people were unable to eat orally and received their nutrition through a percutaneous endoscopic

gastrostomy (PEG) tube. A PEG feeding tube is the placement of a feeding tube through the skin and the stomach wall. It goes directly into the stomach.

- These people were checked by a dietitian regularly and they were maintaining their weight. This showed the process was effective.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in collaboration with other health and social professionals to ensure people received consistent and timely care.

- This included acting on guidance provided by occupational therapists, social workers and dieticians.

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

- The home environment was appropriate for people's needs.

- The home had been adapted to ensure people with a physical disability were able to move freely around the home independently of staff, where able. This included, wide corridors, wide door entries, ramps to outside areas and safe and secure gardens.

- People's bedrooms had been decorated to their individual preferences. People had furnished their room with belongings that were important to them.

- The upstairs floor was used by people living with dementia. This was a safe environment. Although quite sparse in places, we saw people could move freely around the area, safely and without unnecessary restriction.

- The registered manager told us they had plans in place to make the area more dementia friendly.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to lead healthy lives, with access to external healthcare services where needed.

- People had access to GP's and other professionals.

- People's support records showed staff had been providing people with regular mouthcare and to maintain good oral hygiene. Access to dentists was encouraged wherever possible.

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. We found that they were.

- The registered manager had a good understanding of the Mental Capacity Act 2005.

- People's consent was always sought where possible. Where it was not appropriate, appointees would act on their behalf. This may be an advocate or a relative with the legal authority to make decisions. The

provider ensured the MCA was followed. This ensured people received personal care in a lawful way.

- Where people had been deprived of their liberty the appropriate process had been followed. We reviewed people's records and found where conditions had been placed on people's freedoms, these had been recorded and acted. This protected people from 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 were treated well, supported to lead the best lives they could and were treated respectfully, without discrimination.
- A person said, "I have lived here for x years and I love it. The staff are caring, friendly and go out of their way to help you." A relative said, "I have not seen anything that has given me any concerns, their patience and kindness is to a good degree."
- People's right to lead their lives in their chosen way was respected by staff. Staff had all received 'equality, diversity and human rights' training and it was evident, from our observations, that staff were respectful to all people, no matter their chosen way of life. Support plans were in place to guide staff on how to offer support and guidance to people when discussing their life choices.

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

- People were able to give their views about their care and support needs. Staff supported them to do so.
- People told us they were consulted on decisions that involved their care and support needs. One person said, "I have a care plan, it is kept in the nurses' station. It's reviewed and they add things. I've not asked them to change anything."
- Two people had been given the role of an 'ambassador'. They gained people's views about a number of different things that could affect the wellbeing of people at Eastlands. This included food choices and activities. They then spoke on behalf of the people living at Eastlands with the staff and agreed actions were in place.
- We noted 'easy read' documentations were used to help people's understanding of things that could affect them and the care and support they received. For example, an 'easy read' guide was in place which explained how people could access an independent advocate to speak on their behalf about important decisions. These methods were all used to improve people's ability to contribute to decisions about their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. They received dignified care and they were supported to be as independent as they chose to be.
- People told us staff treated them with dignity when caring for them. Staff were able to describe how they ensured people's dignity was maintained during personal care. We observed people being treated with dignity and respect throughout the inspection.
- People's support records contained guidance for staff on how to support people in their chosen way,

ensuring independence was encouraged wherever possible. We observed people being supported with their meals when needed but also encouraged to eat without support if able.

- The provider ensured people's records were kept private and confidentiality maintained. Locked cabinets and rooms were used to ensure unauthorised people could not access the records of others.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure that people always received care and activities in line with their personal preferences, choice and wishes. This was a breach of regulation 9, person-centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation

- People now received support with their activities and to follow interests that were socially and culturally relevant to them.
- Significant improvements had been made that had improved people's experiences. People and relatives told us staff took more interest in what was important to them and their family members. A person said, "I do lots of activities. I went to the local fair recently. I like to do arts and crafts."
- A lead skills coordinator was in place. Their role was to assess people's needs, develop a weekly social activity planner and incorporate individualised activities as well as group activities. We spoke with this person and they were passionate about ensuring people led meaningful, fulfilling and socially and culturally enriched lives.
- The registered manager has started to introduce 'Animal Therapy'. Animal therapy or 'pet therapy' refers to the use of animals as a way to help people cope with and recover from some physical and mental health conditions. Two people had expressed a wish to meet with a dog and this has been arranged for the people to walk the dogs in the grounds of the home. There was a plan to bring a horse to the home, with risk assessments currently underway on how this could be done safely both for the animal and the people within the home.
- People were encouraged to meet with friends and family wherever possible to reduce the risk of social isolation. The registered manager told us this was particularly important in helping to reduce the impact of visiting restrictions during COVID-19.

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

- People received care that was tailored to their personal choices, needs and preferences.
- People and their relatives told us there was a care/support plan in place and they had been involved with the agreeing the content of the care records prior to care commencing.
- People's care records were person-centred; they focused on people's individual wishes and needs and

provided staff with sufficient guidance that ensured care was provided in people's preferred way. This included; the support people needed with personal care and meals.

- Positive behavioural support (PBS) plans were in place. PBS is a person-centred approach for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of becoming anxious or distressed and impacting on others. Records showed these plans had been used effectively in reducing these behaviours.
- We observed staff support a person and offer reassurance when they became distressed. Staff were calm, effective and responded well, calming the situation quickly and with minimal impact on the wellbeing of the person and on others.

#### 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.

- The provider had ensured steps had been taken to meet people's information and communication needs, complying with the Accessible Information Standard.
- For example, easy read documentation was in place which supported people with making choices about their activities.
- We also noted a 'stop smoking safely' easy read document was available should people who smoked wished to reduce their intake or stop altogether. These documents and others enabled staff to provide people with support without fear of discrimination.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt complaints would be or had been handled appropriately. They told us they felt able to raise concerns and they would be acted on.
- One person said, "I did make a complaint about three years ago to the manager and it was resolved quickly and satisfactorily."
- The provider had a policy in place that encouraged people to raise concerns and should a formal complaint be received, the registered manager understood how they should respond. An easy read process was in place to ensure people were able to understand the process their complaint would follow.
- Records showed complaints had been handled in accordance with the provider's policy.

#### End of life care and support

- End of life care and support was not currently provided but could be if needed.
- A small, dedicated team of trained staff was available to provide end of life care.
- The provider had recently signed up the Gold Standards Framework (GSF). The GSF is a practical systematic, evidence-based end of life care service improvement programme, identifying the right people, promoting the right care, in the right place, at the right time, every time. Obtaining this standard will improve staff knowledge of end of life care, ultimately providing people with a higher standard of care as they near the end of their lives.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure that the risks to people's safety were always assessed and monitored to improve the quality and safety of the care and treatment provided. This was a breach of regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made on the provider was no longer in breach of this regulation

- There had been significant improvements with staff now having a clear understanding of their roles and how they contributed to the improvement and development of the service and people's health and safety.
- Since our last inspection a new registered manager had been appointed. They have implemented changes to the way staff performance was monitored, ensuring all staff understood their roles and responsibilities, delegating some auditing and assessment responsibilities to 'heads of department'.
- A head of department told us they welcomed the 'Take 20' meetings held each morning. During these meetings, any risks from the previous day were discussed and agreed actions taken to ensure they did not impact on the health and safety of people. All staff praised the registered manager and welcomed their open, honest and caring approach to management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were improvements in people's overall experience of living at Eastlands.
- The atmosphere and relationship between staff and the people they cared for and supported had improved. They told us they enjoyed each other's company, and this was evident from our observations.
- The registered manager promoted a positive culture at Eastlands. Person-centred care was a top priority and ensuring people led open and empowering lives was fundamental to all the staff did. Success was measured via regular reviews of people's goals and aims.
- People told us they felt comfortable discussing things with staff and felt they were listened to. This was a significant improvement from the feedback we received at the last inspection.

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 provider had the processes in place that ensured if mistakes occurred, they investigated them fully

and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and relatives were engaged and involved in improving and developing the service.
- The service user ambassadors told us they represented the people at Eastlands and felt listened to and that their views mattered. One of the ambassadors said, "I would feel comfortable to talk to the manager, but I might speak to me key worker to start with if I was worried or concerned."
- People were given opportunities to discuss their care and support needs with their keyworkers and with other staff as appropriate. People's goals were discussed with them and actions recorded to ensure progress was made.
- The provider's PIR explained how they planned to improve the experiences of people living with dementia. They said 'We are currently researching and developing an action plan to adapt the environment to a dementia friendly area. We are incorporating signage, coloured toilet seats, crockery, clocks and are awaiting delivery of a 360 Magic Table. Training will be provided to the staff team on the use of this prior to the implementation'. The Magic Table will be an interactive table that allows images, photos and games to be displayed across the rooms, walls and ceilings in the rooms they are in.
- The registered manager told us they were excited about the opportunities this will give in involving people living with dementia and improving the experience of living at Eastlands.

Continuous learning and improving care

- There was a culture of continuous learning and improving care. All staff were committed to improving the lives of those they cared for.
- The registered manager had implemented a number of audits that enabled them and other staff to identify quickly anything that could affect people's care and/or their experiences at Eastlands.
- Staff felt able to report things to the registered manager and/or their senior staff and nurses. Regular team meetings were held, and staff were encouraged to contribute to the meetings, confident their views were valued and acted on.
- The registered manager felt supported by senior management representing the provider. They told us their support gave them the confidence to carry out their role.
- Action plans were in place that recorded things that needed to be completed to improve the home or people's care. These actions were reviewed regularly and where needed, senior management gave their views and recommendations. This ensured actions were completed and staff held accountable for completing them.

Working in partnership with others

- Where required the provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.
- The registered manager has joined a number of local forums and schemes with other registered managers and representatives of local health and social care agencies. In these forums they discuss common trends and themes which could impact or improve the quality of the care and support provided.