Parkcare Homes (No.2) Limited

Eastleigh House

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Eastleigh House 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.

Eastleigh House accommodates a maximum of 10 people who have a learning disability, autism and complex needs, in one adapted building. There were nine people living at the home at the time of the inspection.

People's experience of using this service and what we found
People's individual risks were identified, and extensive risk assessment reviews had been carried out to identify ways to keep people safe. For example, risk assessments for choking and behaviour management were clear and detailed the support people needed to mitigate risk. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible. The service worked with other agencies to provide consistent, effective and timely individualised care and support.

The organisation had a dedicated positive behaviour support service to support people and staff to ensure proactive strategies were adopted in order for people to lead fulfilled lives. As a result, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and or autism and display behaviour that others find challenging.

Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people seemed happy. Positive feedback was received from relatives. One relative commented: "[Person's name] is looked after amazingly. Eastleigh House is the best place he has ever been. The staff do not only care for the residents, they love them. The relationships [person's name] has with staff is wonderful."

The home was clean, and we were assured that staff were following COVID-19 national guidelines. There were policies and procedures to ensure the risks of infection was minimised with particular focus on COVID-19.

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the Mental Capacity Act 2005.

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.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:
• Model of care and setting maximises people's choice, control and independence
Right care:
• Care is person-centred and promotes people's dignity, privacy and human rights
Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 15 January 2020).

Why we inspected
We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about whether people were receiving safe care and treatment, specifically, how the service safeguarded people from abuse, how risks were managed, how lessons were learnt when things go wrong, how care was delivered in line with the Mental Capacity Act (MCA) and how the service works with other agencies to provide consistent, effective and timely care. A decision was made for us to inspect and examine those risks. The overall rating for the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eastleigh House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Eastleigh House

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.

This was a targeted inspection to follow up on specific concerns which we had received about the service related to the safe care and treatment of people, specifically how the service safeguarded people from abuse, how risks were managed, how lessons were learnt when things go wrong, how care was delivered in line with the Mental Capacity Act (MCA) and how the service works with other agencies to provide consistent, effective and timely care. A decision was made for us to inspect and examine those risks.

Inspection team
The inspection was carried out by one inspector.

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

The service did not have had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The new manager had started the week of our inspection and would be registering to become the registered manager.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
Prior to the inspection we reviewed the information we held about the service and notifications we had

received. A notification is information about important events which the service is required to send us by law.

During the inspection
We spent time observing the interactions between people and staff. We spoke with six members of staff, which included the interim service manager, new manager and operations director. We reviewed certain risk assessments and care plans, which we then asked to be sent to us along with additional information.

After the inspection
After our visit we sought feedback from health and social care professionals and relatives to obtain their views of the service provided to people. We received feedback from three relatives. Unfortunately, we did not receive feedback from professionals.

We continued to seek clarification from the provider to validate evidence found. We looked at various documents including risk assessments, care plans, training records, policies and procedures and specific audits relating to incidents and accidents to ensure people received safe care and support specific to their individual needs.

Inspected but not rated

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns which we had received about the service related to the safe care and treatment of people, specifically how risks were managed, how lessons were learnt when things went wrong and how the service safeguarded people from abuse. We were assured that people were receiving safe care and support. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
•There had been a recent choking incident were a person was given unsuitable food which was not in line with their assessed needs. The staff member supporting them had also not completed first aid training to respond appropriately to the situation. As a result of this incident, the staff team had all now received up to date training on dysphagia (the medical term for swallowing difficulties) and first aid to ensure people received safe care and support. Now all staff were aware of the suitable foods to ensure the person was safe when eating and drinking.
•Where people's needs changed there was timely contact and involvement of relevant health and social care professionals. For example, speech and language therapy assessments had been carried out to ensure staff had the correct guidance specific to people's individual dietary needs.
•People's individual risks were identified, and extensive risk assessment reviews had been carried out to identify ways to keep people safe. For example, risk assessments for choking and behaviour management were clear and detailed the support people needed to mitigate risk. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.
•The organisation had a dedicated positive behaviour support service to support people and staff to ensure proactive strategies were adopted in order for people to lead fulfilled lives. As a result, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and or autism and display behaviour that others find challenging.
•Analysis of incidents and accidents was carried out. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, when a person's needs had changed, their care plans and risk assessments had been updated. There were now more first aid trainers and staff had received up to date training on how to support people with eating and drinking specific to their assessed needs.
•Where incidents had taken place, involvement of other health and social care professionals was requested where needed. For example, people had received speech and language therapy assessments and the service liaised appropriately both organisationally with the positive behaviour support service and externally with learning disability practitioners and the local authority.

Systems and processes to safeguard people from the risk of abuse
•People were not able to comment directly on whether they felt safe due to communication limitations. We spent time in communal areas and spoke with staff to help us make a judgement about whether people were protected from abuse. Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people seemed happy.
•Positive feedback was received from relatives. Relatives commented: "[Person's name] is looked after amazingly. Eastleigh House is the best place he has ever been. The staff do not only care for the residents, they love them. The relationships [person's name] has with staff is wonderful" and "[Person's name] is very happy at Eastleigh House. The staff always keep me informed of how [person's name] is and any issues. I have no concerns."
•Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Staff had received up to date safeguarding training to ensure they had up to date information about the protection of vulnerable people.
•The management team demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies on safeguarding and whistleblowing for staff to follow.

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 meeting shielding and social distancing rules.

● 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 accessing testing for people using the service and staff.

● 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.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Inspected but not rated

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 the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns which we had received about the service related to the safe care and treatment of people, specifically how care was delivered in line with the Mental Capacity Act (MCA) and how the service works with other agencies to provide consistent, effective and timely care. We were assured that people were receiving safe care and support. We will assess all of the key question at the next comprehensive inspection of the service.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

•Staff had received MCA and diversity and inclusion training and ensured they implemented them in their practice. For example, ensuring people were able to make decisions about how they spent their day in line with their specific needs and preferences.
•Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. This was achieved through various personalised communication methods. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.
•People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the (MCA). People's capacity to consent had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to be in a care setting, one to one supervision and consent to have their medicines administered by staff. This demonstrated that staff worked in accordance with the MCA.

•DoLS authorisations were in place to the relevant local authority where it had been identified that people were being deprived of their liberty. Any such conditions were being adhered to. The management team were aware that authorisations required regular review.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, GP, learning disability practitioners and speech and language therapists. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. A relative commented: "[Person's name] receives appropriate support from his psychiatrist, he is wonderful, and staff contact him when needed. There is always regular communication between them and the home."
•People had hospital passports. Hospital passports are used to provide important information to hospital staff about a person living with a learning disability, if the person is admitted to hospital.
•People had annual health check-ups and medicine reviews were on-going.