

# Parkcare Homes (No.2) Limited

# Eastleigh House

## Inspection report

First Drive  
Dawlish Road  
Teignmouth  
Devon  
TQ14 8TJ

Tel: 01626773310  
Website: [www.craegmoor.co.uk](http://www.craegmoor.co.uk)

Date of inspection visit:  
13 November 2019  
21 November 2019

Date of publication:  
14 January 2020

## 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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to ten people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

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

Significant improvements had been made in all aspects of the management of the service since the last inspection. The provider and management team were working to ensure the improvements were embedded. This included the development of an open, transparent and positive culture, where staff felt valued and supported. There was a comprehensive quality assurance programme. Clear processes were now in place to ensure effective monitoring and accountability.

Environmental improvements had been made and were continuing. The laundry was now hygienic and promoted the prevention of infection. A comprehensive refurbishment of communal areas was underway.

We observed people were supported by sufficient numbers of suitably trained and competent staff. A retention plan was in place to address concerns around a high staff turnover and high rates of sickness. This ensured the right staff were recruited and they received the support they needed to carry out their role. Recruitment and retention were improving, and there was now a stable core team of staff who knew the people they supported well.

Staff had received training which gave them the knowledge, confidence and skills to support people safely and effectively. A visiting therapist commented on the difference this had made to the safety of the service, saying, "Now the staff seem fully engaged and the fear has completely gone. The service users seem a lot happier. I see them smiling and that speaks volumes."

Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Care plans were detailed, person centred and reviewed regularly with people and their relatives where appropriate. The format had been revised, and staff told us they were now much easier to read. There were systems in place to ensure information about any changes in people's needs was shared promptly across

the staff team.

People received their medicines safely, and in the way prescribed for them. The provider had good systems to manage safeguarding concerns, accidents, infection control and environmental safety.

The provider had introduced a 'positive culture pledge', which pledged to provide compassionate care with dignity, respect and kindness. All interactions we saw were in line with this pledge. Staff promoted people's privacy and dignity, enabling them to make choices and have as much control and independence as possible. There had been a focus on supporting people to develop their communication, so they had a voice. This had a positive impact on the people using the service in terms of decreased levels of anxiety and distress, and more control over their lives.

People were supported to engage in a wide range of activities both within the home and the local community, which maximised their quality of life.

Staff worked effectively with external health and social care professionals to meet people's healthcare and nutritional needs.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

The last rating for this service was Requires Improvement (published 14 November 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

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](http://www.cqc.org.uk).

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?

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.

# 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of an adult social care inspector and a specialist advisor with expertise in the support of people with learning disabilities and/or autism.

#### Service and service type

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.

The service had a newly appointed manager who was not yet registered with the Care Quality Commission. The provider was therefore legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

People who lived at Eastleigh House had communication difficulties due to their learning disability and associated conditions, such as autism. Verbal communication was in most cases very limited and people were not able to understand and provide information and feedback about their care and experiences at the service. We spent time with people as they went about their daily routines and observed the care and support being provided.

We spoke with nine members of staff including the operations director, acting manager, deputy managers, senior support workers, support workers and the chef. We also spoke with a therapist visiting people at the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection.

We spoke with three relatives by telephone and one external health professional who regularly visits the service.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection we recommended the service review risk management around cleanliness in a care home laundry. The provider had made improvements.

- The laundry was clean and hygienic, with clear systems for preventing and controlling infection.
- Staff were trained in infection control and were provided with personal protective equipment to prevent the spread of infection. There were up to date policies and procedures in place for staff to follow.

### Staffing and recruitment

- At the last inspection we found the provider was struggling to meet the required staffing levels at the service, and this was putting people at risk. There had been a high staff turnover and high rates of sickness. At this inspection we found there was now a stable core team of staff who knew the people they supported well. Recruitment was ongoing.
- The provider had introduced a retention plan, to ensure the right staff were recruited and they received the support they needed to carry out their role. Staff confirmed recruitment and retention had improved as a consequence, and this was continuing. The operations director told us, "We are clear about what we need and want. We won't take on people just because they've applied. If they pass their probation they are the kind of people we want here, and they tend to stay."
- Staff were visible throughout the inspection and did not appear rushed. A new member of staff commented, "It's quite chilled and relaxed. We spend proper time with the guys and do nice things."
- The provider ensured all new staff were checked to make sure they were suitable to work at the service. This included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

### Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of harm.
- Staff told us there were effective systems in place to keep people and staff safe. One member of staff said, "Physical incidents can be really scary. Everyone is terrified at the beginning. We work as a team. There are alarm systems in place and walkie talkies. We work one to one and two to one, we know how to position ourselves in the home."
- Staff received specialist training in safe physical intervention and PBS (positive behavioural support). These person-centred approaches gave them the knowledge and skills to understand people's individual triggers and distressed behaviour. They also provided the tools staff needed to keep people safe. They told us, "There has been a change in culture. It's not viewed as a physical attack any more, it's viewed as an

expression of crisis. It makes a difference to how staff approach people."

- All staff undertook training in how to recognise and report abuse. Up to date policies and information were available.
- Staff told us they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.

#### Assessing risk, safety monitoring and management

- There were risk assessments and care plans in place with clear guidance for staff to ensure people received safe care and support. Staff were fully involved in assessing risks and developing positive behaviour support plans in conjunction with the providers specialist behavioural support practitioner.
- Risk assessments were comprehensive, and person centred. Identified risks related to physical and mental health, including epilepsy and seizures, choking, self-harming and behaviour that challenges.
- Risk assessments supported people to take positive risks, including going out into the community and participating in activities. A member of staff told us, "The outings are all risk assessed. We aren't allowed to leave the house unless it's been risk assessed." One person enjoyed swimming but was at risk of aspirating the water. A risk assessment identified they could do this activity safely using neck floats.
- Risk assessments were reviewed frequently in response to people's changing needs, and there were effective systems to ensure staff were kept informed. This included a daily 'flash meeting' for seniors and the management team, and staff handovers. A member of staff said, "I know what I'm walking into. It's safer now and there are less incidents because communication is much better." "
- Plans were in place to ensure people were supported in the event of an emergency.
- There were a range of checks on the environment and equipment to ensure they were safe.

#### Using medicines safely

- There were effective systems to ensure medicines were ordered, stored, administered and monitored safely. There was a robust system of audit and review in place.
- The service ensured staff were trained and competent before allowing them to administer medication, and their skills and knowledge were maintained. Protocols were in place for the administration of PRN medicines.

#### Learning lessons when things go wrong

- The detailed reporting and analysis of incidents and accidents enabled staff to understand any triggers and identify effective interventions for bringing the person 'back to baseline'. The learning from this informed the continued development of strategies to minimise the risk of recurrence.
- Safeguarding concerns had been investigated and action taken to keep people safe. For example, risk assessments had been reviewed and updated, and additional staff training provided.
- The provider and management team had taken on board the feedback from the last inspection and developed a comprehensive action plan to improve the quality and safety of the service.



# 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. At this inspection this key question 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

- Prior to people moving into the service, a needs assessment was carried out in consultation with the person, their relatives and significant others who knew the person best. This assessment was used to determine if the service could meet the person's needs and to inform their support plan. However, there was a long-term group of people living at Eastleigh, with the most recent person moving in two years ago. An external health professional expressed concern about the potential impact of any new admissions on the people already living there, and the space available to them.
- People's transition into the service was done in a considered way over a period of time, to ensure the person was prepared for the move and the support they needed was in place.
- The service applied the overall principles and values of Registering the Right Support (RRS) and other national guidance for supporting people who live with a learning disability. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence.

Staff support: induction, training, skills and experience

- Relatives told us staff had the skills and knowledge to meet the needs of their family member. Comments included, "If [my family member] gets in a stroppy mood they won't budge, but staff there give them a lot of choice and understand them really well."
- Staff completed an induction programme and new care workers were enrolled on the Care Certificate which is a nationally recognised set of standards that gives staff new to care an introduction to their roles and responsibilities.
- Staff were supported to develop their professional practice and knowledge. They told us how training had increased their confidence and skills, which had impacted positively on the lives of the people they supported. A visiting therapist said, "I've been coming for two years, and the changes since then are unbelievable. There was a real atmosphere of fear when I started. I was reticent to engage with clients as I didn't feel the safest or that staff had my back. Now the staff seem fully engaged and the fear has completely gone. The service users seem a lot happier. I see them smiling and that speaks volumes."
- Training topics included autism, Makaton, equality and diversity, people handling, safeguarding vulnerable adults and the Mental Capacity Act (2005). The provider had also organised training to enable staff to meet people's specific needs including positive behavioural support techniques and training in safe physical intervention.
- Staff told us they were well supported through supervision and observations, and by the management and senior team. They told us this was essential because, "People aren't quite prepared for how difficult it is. Some people thrive, and some people don't." Staff were offered an opportunity to debrief after any incidents

which had been challenging for them. This supported them to express how they felt, reflect on what had happened, and learn from it.

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

- People's nutritional needs were met. Food and fluid intake, and people's weights were monitored to ensure this was maintained. Care plans held information about their dietary needs and support required, and this was well known by the chef and staff team.
- Referrals had been made to external health professionals such as the speech and language team (SALT) if there were concerns about choking. Staff had completed training in dysphagia (swallowing difficulties) awareness. We observed staff preparing meals and drinks at the recommended consistency and monitoring people to ensure their safety while they ate.
- Staff knew people well and they had a good understanding of the support they needed. For example, they supported people to eat their meals at staggered times and in different areas of the house. This meant they could eat in a calm atmosphere and not feel overwhelmed if they were sensitive to sound.
- People's independence around food choice and preparation was promoted. Some people were being supported to develop their shopping and cooking skills, while others were being supported to make and communicate their food choices. Staff told us, "We support people to make choices. Some people will agree to anything, so it has to be visual. We show them two choices from the menu board, pictures. They can't give feedback, so will let you know if they don't like it. If they enjoy their food, they are liking that meal."

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.

- Throughout our visit we observed staff asking people for their consent before providing any support and acting in accordance with their wishes. This required a detailed understanding of each individual's method of communication, for example Makaton, picture symbols and body language.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make specific decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005).
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside health and social care professionals to determine a person's capacity to consent to care and whether any decisions made were in their best interests.
- The service had referred people for an assessment under DoLS as required

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

- Staff worked with a range of health and social care professionals to maintain and promote people's health. This included the SALT (Speech and Language Therapy) team, IATT (the learning disability intensive assessment and treatment team) and occupational therapists. A relative told us, "Every time [my family member] is ill a doctor is called. Staff take good care of them."
- People assessed as not having the capacity to make decisions about their health care required best interest decisions to be made in line with the MCA. This ensured any medical intervention and treatment was in their best interest. They also needed support to prepare, for example using picture boards so they knew what to expect.
- People had hospital passports, and staff continued to support people during hospital stays, providing consistency and ensuring their views were taken into account.
- People received the support they needed to maintain their oral health, with a dentist visiting them at the service. Staff assisted with a daily teeth cleaning routine and understood that if a person was distressed they might be experiencing dental pain requiring treatment.

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

- There was comprehensive refurbishment of communal areas underway at the time of the inspection. People had been prepared for the disruption and given an easy read document explaining what was going to happen, what colour the walls would be and who to ask if they had any questions.
- People's individual preferences and needs had been taken into account with the design and decoration of the service. Staff, who knew them well, had contributed to this process. The new colour scheme in communal areas was neutral, to promote a calm environment. There were plans to have photographic portraits of people at their happiest displayed, that they could identify with and associate with their home.
- People's bedrooms were personalised. For example, some people liked colours and patterns, and had posters on the wall behind toughened glass, so they were safe. Another person needed a large amount of personal space, so had a very large room in which they could tolerate the presence of staff.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 supported by staff who treated them with patience, kindness and understanding. A member of staff described a situation where a person had become distressed and challenging to support. They told us, "They get scared sometimes. To get to that point of pure crisis they must be feeling horrible. The worst incidents happen with the people they have stronger bonds with."
- Staff were passionate about their role and committed to providing the best care. One member of staff told us, "The staff we have at the moment work brilliantly with the service users, I can't knock any of them. We are trying our best. We are doing brilliantly in comparison with what we were."
- Equality and diversity were promoted, and staff respected and understood people's diverse needs. Each person had an 'Equality and Human Rights' support plan. This detailed their protected characteristics and the support they needed to meet their equality needs, exercise their rights and choices and maintain their human rights. For example, "When coming up with activities, please don't just offer me gender typical activities. I enjoy face painting, trips to the café and baking."

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

- People were supported to be as involved as they were able in decisions about their care. Monthly one to one 'Your Voice' meetings, provided an opportunity for them to review their care, be updated about any changes in the service and give feedback. Information about the service and the quality assurance survey was provided in a pictorial format to make it more accessible.
- Relatives were kept informed about the wellbeing of their family member and any changes to their care plan. One relative commented, "I think they do an excellent job given the difficulty they have. They keep me informed about absolutely everything. I have nothing but praise for them. It's very good".
- Staff were committed to working with people to develop their communication, so they had a voice. They told us, "There has been a massive push on what people can communicate, and whether they can communicate anything more with the right support. It's really person centred and about looking at what works." As a consequence, one person, who previously chose not to talk, was now talking and communicating their needs and wants.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we noted that one person's privacy was compromised because there was no frosting on their bedroom window which looked onto the car parking area. We discussed this with the manager and this had been addressed by the second day of the inspection.
- The provider had introduced a 'positive culture pledge', which pledged to provide compassionate care with dignity, respect and kindness. All interactions we saw were

in line with this pledge. For example, we observed staff supporting a person who was distressed and sitting on the floor. They knelt so they were on the person's level, giving eye contact and offering comfort and reassurance. Personal care was given in private and staff respected people's private time if they wished to express themselves sexually.

- People's independence was promoted. They were supported to identify and work towards individual goals which were broken down into small achievable steps. Staff told us how they recorded progress, so people understood they had achieved something, for example taking photographs and putting them on people's handheld computers. The manager described how much progress one person had made, saying, "It's lovely to see [person's name] go bowling, and cleaning the front windows. Getting involved and having the confidence to do that. That's massive for them, to see them independent and smiling, happy positive and engaged."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had a full needs assessment and a care and support plan. This was person centred and contained detailed information including their life story, likes and dislikes, health needs, sensory needs, communication and behavioural support needs. Care plans were reviewed regularly to ensure their accuracy.
- Since the last inspection the care plan format had been reviewed and updated. Staff told us, "The care plans are really useful. Now they've been updated it's so much easier. They were really repetitive before and took so long to read."
- Care plans provided the guidance staff needed to meet people's individual needs. For example, "Prior to engaging in communication with me staff need to gauge my tolerance level by taking in my body language/facial expression. If I am in an anxious state or preoccupied by something I may find the pressures of communication difficult to cope with."
- Care workers knowledge of people and their support needs matched the information held in the care plans.

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

- Since the last inspection the providers positive behavioural support practitioner had supported staff to develop activity planners and maximise the quality of life of people living at Eastleigh House. This meant people were now engaged in a wide range of activities both within the home and the local community. A relative commented, "The staff at Eastleigh are very skilled and take [my family member] out a lot to cafes and restaurants and really meet their needs. We are happy they are being looked after so well and staff do extra things that give them a really good life to enjoy."
- People enjoyed activities such as trampolining sessions for people with additional needs, going to a sensory park and walks on the beach. They went out for meals in restaurants, choosing what they wanted from the menu and paying for it themselves, and going shopping for their own clothes and food.
- People required skilled preparation and support from staff to engage in community activities. Staff had detailed knowledge of people's individual risks and triggers, and how to support them if they became distressed. For example, one care plan guided staff to walk either side of a person when they were out so the public would allow them more personal space.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a clear understanding of each person's individual communication preferences and were able to understand each person's requests and concerns. The service used a variety of tools to support people with communication, including objects of reference, communication boards with signs, symbols and pictures, and assistive technology such as hand-held computers.
- Effective communication had a positive impact on the people at the service. For example, one person's anxiety around food had been addressed using a symbol system to help them understand snacks were available and give them control over when they had them. Staff said, "It's given them a predictable routine and the anxiety and self-injury has decreased massively. It's amazing the progress they've made."
- Support plans contained clear and up to date information about people's communication needs. This included a 'communication dictionary' for people who did not use words to talk, indicating how they expressed 'yes' and 'no' or whether they were bored hungry, thirsty or upset.
- The acting manager had developed an information folder for each person in an accessible format. It contained key information including the service user guide, fire procedure, guidance related to the mental capacity act, safeguarding and complaints, and the use of personal information. It also contained information about STOMP, a national project for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.

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

- There was a clear complaints policy which people received in an accessible 'easy read' format, and people and their representatives were encouraged to raise any complaints and concerns.
- Staff understood when people were communicating unhappiness or distress. They told us, "It's about knowing people really well and if they are appearing 'off base line' with no apparent trigger." The subsequent analysis of incidents provided an opportunity for staff to consider what the person had been trying to communicate and take any action necessary to address their concerns.
- Relatives told us they had no complaints. Any concerns they had raised had been quickly resolved.

#### End of life care and support

- The service was not supporting anyone with end of life care at the time of this inspection.
- People's representatives were sensitively encouraged to consider their loved one's preferences and choices for end of life care. A supportive letter explained why this decision making might be helpful.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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. How the provider understands and acts on the duty of candour responsibility.

- At the last inspection there had been a breakdown of staff confidence in the management of the service. At this inspection we found action had been taken to rectify this by the provider and management team, and this was in the process of being embedded. The operations director told us, "The last year has been righting some of the wrongs. Now we are driving progress forward."

- Staff now spoke highly of the management team. Comments included, "[Acting manager] has put all the changes in place. Communication is so much better. I just ask if I can have a quick chat if I need to. All of the managers are very approachable. They have really come in and supported us."

- The provider had carried out an employee engagement survey to determine staff views about working at the service. An action plan had been developed which was still in progress. This included actions to help staff feel better supported and valued, such as regular supervision, additional training and the introduction of 'Say Something Nice' cards, for staff to give positive feedback about their colleagues.

- A 'positive culture pledge' had been introduced. The operations director told us this provided clarity about the expectations of the staff team in terms of openness and honesty, integrity, empowerment and person-centred care. The pledge had been discussed at a staff meeting, with the importance of whistleblowing and raising concerns highlighted.

- The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

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

- The management team were committed to better engaging and involving people, relatives and staff in the development of the service. This was achieved in a variety of ways including supporting people with communication, the provision of key information in an accessible format, quality assurance questionnaires and monthly governance meetings which were an open forum for staff discussion.

- Staff told us they were consulted, and their views taken into account, for example relating to environmental improvements and the introduction of a keyworker system.

- Staff felt valued and appreciated by the provider and management team. They told us, "Staff do feel a lot more positive. They are doing the staff room up for us. There will be a new bed and new mattress and a new staff bathroom. They are looking after us and the service users. They are really appreciative of your work. [Acting manager] wrote a card and thanked us for going above and beyond."

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



regulatory requirements

- There was an acting manager at the service, who was registered at another of the provider's homes nearby. A new manager came into post at Eastleigh House during the inspection, who was due to register with the CQC (Care Quality Commission). Full induction and training had been arranged, with the acting manager supporting them as a mentor.
- There were effective systems in place to monitor the quality and safety of the service. Regular audits were completed by the provider and management team, and action taken in response to the findings. The operations director provided support to the manager and had oversight of the risks and areas for improvement at the service
- There were now clear processes in place to ensure effective monitoring and accountability. Staff told us it had previously been 'absolute chaos', but now there was a clear staffing structure in place with clarity around roles and responsibilities. The management team also worked alongside staff 'on the floor', which gave them an opportunity to observe practice and identify good practice and any areas for improvement.

Continuous learning and improving care. Working in partnership with others

- The provider was committed to improving knowledge and learning about best practice and sharing this with staff. They provided regular support and supervision to the managers of their services who disseminated their learning across their staff teams. There were monthly regional managers meetings, where managers could network and share ideas, and keep up to date with developments.
- Staff were supported to take relevant national vocational qualifications and complete specialist training to build on their knowledge and skills.
- The service worked closely with external health and social care professionals to learn and provide a holistic response to the people they were supporting. For example, staff attended training sessions with the IATT team (the learning disability intensive assessment and treatment team) which focussed on the needs of individual people. In addition, the management team had recently organised a training day to learn about the specific condition of one person at the service. They had invited other professionals who also supported the person to promote a consistent way of working.