

Parkcare Homes (No.2) Limited

# Eastrop House and Lodge

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Eastrop House provides accommodation and personal care to a maximum of eight people who live with a learning disability and autism and/or associated health needs, who may experience behaviours that challenge staff. At the time of inspection four people were living at the home, one of whom had recently been admitted to hospital for treatment of their health needs.

This inspection took place on 9 and 10 October 2017. The inspection was unannounced, this meant the staff and provider did not know we would be visiting.

The service had a registered manager who was on annual leave but came in voluntarily to support the inspection process. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The deputy manager had been providing management cover to the home whilst the registered manager was on leave.

People were kept safe from harm and staff knew what to do in order to maintain their safety. Risks to people had been assessed and action was taken to minimise potential risks. Medicines were managed safely and administered as prescribed. Arrangements were in place to receive, record, store and handle medicines safely and securely.

The provider operated thorough recruitment procedures to ensure staff were safe to work with the people. The registered manager had assessed the required staffing levels to meet people's needs to be greater than those commissioned and ensured the assessed staffing levels were deployed.

People were supported by staff who had the skills and training to meet their needs. The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making every day decisions and choices about how they wanted to live their lives and were supported by staff in the least restrictive way possible.

People were supported to have a healthy balanced diet and had access to the food and drink of their choice, when they wanted it. The physical environment was personalised to meet people's individual needs.

People were supported by regular staff who were kind and caring. People felt comfortable with staff and sought their company. There was a warm and positive atmosphere within the service where people were relaxed and reassured by the presence of staff.

People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

People were encouraged and enabled to be involved as much as possible in making decisions about how their support needs were met. Visitors were made to feel welcome and people were enabled to have contact with their family and those who were important to them.

The service was responsive and involved people in developing their support plans which were detailed and personalised to ensure their individual preferences were known. People were supported to take part in activities that they enjoyed.

Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

The service was well led. There was a clear management structure in place and staff understood their roles and responsibilities.

In their efforts to work with the commissioners of care to accommodate people in crisis situations the provider had not always been able to complete effective transition planning which had led to one person being inappropriately placed. The provider has implemented new processes to ensure there is no future recurrence.

The safety and quality of support people received was effectively monitored and identified shortfalls were acted upon to drive continuous improvement of the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from avoidable harm and abuse because staff had been trained and understood the actions required to keep people safe.

Risks specific to each person had been identified, assessed, and actions implemented to protect them.

The registered manager had provided higher ratios of suitably qualified staff to support people than those commissioned to ensure people, staff and others were safe.

People received their medicines safely, as prescribed from staff who had completed relevant training and had their competency to administer medicines assessed regularly.

### Is the service effective?

Good ●

The service was effective.

Staff had the required skills and knowledge to provide the support people needed.

Staff constantly sought people's consent about their daily care and allowed them time to consider their decisions, in accordance with their support plan.

People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet.

People were supported to stay healthy by staff who were aware of their health needs and quickly made appropriate referrals to healthcare professionals when they were unwell. Records showed that people had regular access to healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff promoted people's independence and understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain important relationships to prevent social isolation.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People knew how to raise concerns or make a complaint and were confident the registered manager would take prompt action to deal with them.

The registered manager used feedback, concerns and complaints as an opportunity to learn and improve the quality of the service provided.

### Is the service well-led?

Good ●

The service was well-led.

The management team promoted an open, inclusive, and person centred culture which encouraged people and staff to be actively involved in developing the service.

The registered manager provided clear and direct leadership visible at all levels which inspired staff to provide a quality service.

The registered manager effectively operated quality assurance and governance systems to drive continuous improvement in the service.

# Eastrop House and Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced inspection of Eastrop House and Lodge took place on 9 and 10 October 2017. When planning the inspection visit we took account of the size of the service and that some people at the home could find unfamiliar visitors unsettling. As a result this inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with three people living at the home, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of each person.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the staff including the registered manager, the deputy manager, the area manager, two senior staff, eight staff and two agency staff. We also spoke with two people's relatives and a Deprivation of Liberty Safeguards

assessor.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at 10 staff recruitment, supervision and training files. We examined the registered manager's schedules which demonstrated how people's care reviews and staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering August and September 2017, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with the relatives of two people and three health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with commissioners of the service.

This was the first inspection of Eastrop House since it began to provide a service in January 2017.



## Our findings

People told us they felt safe living at Eastrop House and trusted their staff. One person told us, "I have never felt so safe as I do here. I know I can always talk to [two staff] at any time day or night if I am worried. Relatives told us their family member was cared for in a "safe environment".

People were protected from abuse because staff were trained and understood the actions required to keep people safe. Staff had completed the provider's required safeguarding training and had access to guidance to help them identify abuse and respond appropriately if it occurred. Staff were able to demonstrate their role and responsibility to protect people. Staff were aware of the provider's policies to protect people, and were able to demonstrate the procedure to raise concerns internally and externally when required. Posters in the home reminded staff of their responsibility to protect people from abuse and clearly advertised the provider's dedicated 'speak out' whistle blowing facility where staff could raise concerns confidentially.

Risks specific to each person had been identified, assessed, and actions implemented to protect them. People's support plans detailed what support people needed to keep them safe, for example; in relation to accessing the community, visiting restaurants and the cinema and attending medical appointments such as hydrotherapy sessions.

These risk assessments also detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others, for example; we observed one person supported by four staff in accordance with their support plans to attend a local nature reserve and play area with climbing frames and a zip wire.

Staff were able to demonstrate their knowledge of individual risk assessments and how they supported people in accordance with their risk management plans. Staff were able to explain risks associated with different activities and the actions they implemented to protect the person and others from harm in accordance with their support plan. Risks affecting people's health and welfare were understood and managed safely by staff.

If people displayed behaviours that challenge, these were monitored and where required referred to health professionals for guidance, which was followed by staff. Staff were aware of and alert to the different triggers of people's behaviour. Risks to people associated with their behaviours were managed safely.

Daily staffing needs analysed by the registered manager identified that the commissioned funding for three



people was insufficient to ensure people and staff were safe. This was due to the severity and frequency of behaviours that challenge experienced by people. The registered manager was providing higher ratios of staff to support people than those commissioned. For example, the home was providing one person with two to one support for 24 hours instead of the commissioned three hours daily, whilst another person was supported three to one instead of two to one for 14 hours. Another person was supported by two staff for 14 hours whilst only 8 hours had been commissioned. Due to the need to support people with authorised physical intervention techniques where required this was subject to specific guidance within people's support plans. For example, one person's support plan emphasised that all staff supporting them must be trained in the provider's approved physical intervention technique.

Due to the level and frequency of behaviours that challenge displayed by people the service had experienced a high turnover of staff. Together with the identified requirement to provide more staff than the agreed funding this meant that the registered manager had to deploy a high level of agency staff to meet people's needs safely. Rotas for August and September 2017 confirmed this.

Staff told us that the registered manager had made significant improvements to the staffing levels deployed, which met the analysed requirement. However, staff had been concerned that the level of agency staff meant staff had to be continually rotated to ensure there were enough regular staff to support people with physical interventions when required. At the time of inspection one person had been admitted to hospital for treatment in relation to a serious skin infection. Two members of staff were constantly supporting one person at hospital in relation to the risks posed by their behaviours that challenge.

This meant the service may have been at risk of not always providing enough staff, with the right mix of skills, competence or experience to keep people safe and staff absence and vacancies may not have been covered with appropriately skilled staff in order to meet people's needs. Whilst staffing levels may have been low and staff turnover may have been high, increasing the risk that people may receive inconsistent care, there had been no impact on people's safety.

On 24 May 2017 the provider's quality assurance manager completed an internal 'Benchmark Inspection'. This internal inspection identified there was a shortage of staff. The registered manager had developed an action plan to ensure regular agency staff were provided and had arranged for them to complete the provider's required physical intervention training. All regular staff who were awaiting such training had this scheduled to be completed in October 2017.

The registered manager told us, which was corroborated by staff and records, that the level of agency staff was now much lower than it had been. Records demonstrated that historically the use of agency staff was at 33 per cent. At the time of the inspection this had reduced to 10 per cent.

We spoke with one person who had been the subject of several safeguarding incidents. We noted there had been a considerable decrease in the number of incidents where this person had displayed self-injurious behaviour that challenges others. They told us, "I feel safe here and staff know how to help me not to worry." People had been safeguarded against the risk of harm because the provider had taken action to protect them.

Staff had undergone robust pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical assessment and role

related interview before being appointed. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

The service had an emergency call system in place. We observed this activated on several occasions during our inspection in response to a person requiring support with their increased anxieties. Staff attended and provided the required support in a sensitive manner, in accordance with people's positive behaviour management plans.

People's records contained emergency evacuation plans and 'hospital passports'. These documents contained essential information to ensure health professionals had the required information to be able to support people safely, for example; people's means of communication. Staff had access to all relevant information, which health professionals could consider and act upon in an emergency to keep people safe.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Fire equipment such as extinguishers and alarms, were tested regularly to ensure they were in good working order. People were protected from environmental risks within the home.

People's medicines were administered safely by staff who had completed safe management of medicines training. The management team told us they assessed the competency of staff to administer medicines annually, which records and staff confirmed. To ensure that safe procedures and the provider's policies were followed, medicines were administered by two staff at all times, which records and observations confirmed. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

People's preferred method of taking their medicines, and any risks associated with their medicines, were documented. Where people were prescribed medicines there was evidence within their health action plans that regular reviews were completed to ensure continued administration was still required to meet their needs. One person who had experience of alternative provider's told us, "The staff here are the best by far at helping me with my pain relief."

Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of home remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. The home's medicines lead completed a weekly stock check of all medicines and the registered manager completed a monthly medicines audit. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

People had medicines risk assessments to manage the risks associated with the use of their medicines. People's medicine administration records (MAR's) had been correctly signed by staff to record when their medicine had been administered and the dose.



## Our findings

Feedback regarding the service was consistently good. People and relatives spoke positively about the quality of care provided by staff who understood their needs and knew how they wished to be supported. One person told us, "I love being here because my keyworkers really understand how to talk to me and spend time understanding what worries me." A relative told us, "The staff are very well trained especially in relation to responding to his healthcare needs but also managing his pain relief." A health and social care professional told us, "The staff are always positive and willing to learn which shows in the way they put our guidance into practice."

Staff had the required skills and knowledge to provide the support people needed. People experienced support from staff in accordance with their support plans, which we observed in practice. People told us they believed staff were well trained because of the quality of care they provided. One person told us, "They know what is important to keep me well"

The provider ensured staff completed an induction course aligned to the Care Certificate and spent time working with experienced staff before staff were allowed to support people unsupervised. This ensured new staff had the appropriate knowledge and skills to support people effectively. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

Records showed that the provider's required staff training was up to date, including safeguarding people from abuse, moving and positioning, the Mental Capacity Act 2005, fire safety, food hygiene and infection control. Staff also underwent further training specific to the needs of the people they supported, including autism, learning disability, epilepsy and positive behaviour management. This ensured staff understood how to meet people's support and care needs. Training had been refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively.

Staff told us they had received good training. Staff were also provided with a range of training specific to the needs of the people they supported, in addition to the provider's required training. This included areas such as intensive interaction and Makaton sign language.

Staff had been trained to use authorised physical intervention techniques in accordance with people's support plans, when they displayed behaviour that challenges and other less restrictive strategies had failed to protect them. Such interventions were fully reported and recorded to ensure all other less restrictive

options had been used or considered. We observed one such intervention where a person was supported by three staff members to protect them from serious self-injurious behaviour, in accordance with their support plan. At this time other staff redirected and reassured other people to ensure they did not become anxious or worried. All staff involved in this intervention did so with kindness and compassion to reassure and calm the person. This demonstrated that the provider's training was effective and staff implemented intervention techniques in practice in accordance with their training.

New staff consistently told us that it would improve their confidence working with people who displayed behaviour that challenges to have the physical intervention training as part of their induction. The registered manager demonstrated the provider's training programme which showed that all staff would have completed this training in October 2017.

All staff held a professional qualification in social care or were currently being supported by the provider to achieve one. Staff training was relevant to their role and equipped them with the skills to provide the care and support people needed.

Records demonstrated that the management team had completed courses relevant to their role and responsibilities, for example; the deputy manager had become accredited as an Autism Ambassador and had begun to formulate their 'I will' pledge. This is a statement detailing how the Autism Ambassador will make a small change to make a big difference for someone with autism. We noted the deputy manager had an innovative strategy to educate local GPs and other attending health professionals to support people with autism in circumstances which ensure their anxieties were reduced. The Autism Ambassador Scheme is a joint project between Hampshire County and City Councils, Hampshire Autism Voice (the volunteer parent/carer/service-user group of the Hampshire Autism Partnership Board), Autism Hampshire and the South Hampshire Branch of the National Autistic Society.

Staff had received formal one to one supervisions with their designated line manager every four to six weeks. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us they were well supported by the management team and the registered manager encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people's needs. Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities.

Staff had been supported by the registered manager to select a 'Your Voice' representative who could facilitate meetings in the absence of the management team. This encouraged staff to speak freely and raise issues, for example; the level of agency staffing.

Staff supported people to identify their wishes and needs by using their individual methods of communication, in accordance with their care plan. For example; we observed staff support one person who became anxious to go to a quiet place. Wherever possible people were supported to make their own decisions and choices. People's human rights were protected by staff who demonstrated clear understanding of consent, mental capacity and deprivation of liberty legislation and guidance. Relatives and health and social care professionals told us that the registered manager actively involved them in all decisions relating to people's care and support.

We observed staff constantly seeking people's consent about their daily care and allowing them time to consider their decisions, in accordance with their support plan. We observed staff supporting people with

limited verbal communication making choices by using their knowledge of the individual's adapted sign language.

The Mental Capacity Act 2005 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. Staff supported people to make informed decisions, and followed people's wishes if they declined offered support.

Relatives praised staff where the effective use of less restrictive methods of support, including symptom recognition and sleep control, had led to a marked reduction in their need to take their prescribed PRN medicine. These are medicines which are prescribed to be taken only when required.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Deprivation of Liberty Safeguards applications had been submitted for the four people in the home, in accordance with legislation. Paperwork associated with these applications demonstrated that the lawful process of mental capacity assessment and best interests decisions was completed before applications were submitted. The registered manager had taken the necessary action to ensure people's human rights were recognised and protected.

Visiting health professionals told us they had been impressed by the commitment of staff supporting individuals effectively, using the least restrictive methods of support, in accordance with their support plans.

People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet. Where people normally chose to eat an unhealthy diet they had agreed strategies with staff to encourage them to make more healthy choices. We observed the provision of meals during breakfast, lunch and dinner time. People were supported to consume sufficient nutritious food and drink to meet their needs.

During lunch time we observed that two people chose to eat together in the communal dining area. Both people appeared relaxed and enjoyed each other's company. Staff provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks.

People were encouraged and supported to prepare their own meals, snacks and drinks in accordance with their eating and drinking plans. If staff identified concerns for people's well-being they were referred to the dietician and speech and language therapist.

Health and social care professionals consistently made positive comments about the effective way staff had carried out their guidance to ensure people's healthcare needs were met.

Staff were aware of people's health needs, and quickly recognised when they were unwell. Staff understood the impact of health appointments on people's anxieties, and liaised in advance with healthcare services to minimise any distress, for example; risk management plans had been created to support health and social care professionals to engage with people safely during best interest assessments and medical examinations.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GPs, psychiatrists and occupational therapists. The staff completed important monthly health checks for each person to ensure their health was maintained.



## Our findings

People valued their relationships with staff and felt that they often went 'the extra mile' for them when providing care and support, which made them feel special and really well cared for. Relatives of people being supported with complex needs consistently told us that staff had developed special bonds with their loved ones. One person told us, "Coming here compared to where I've been before, well it's like a miracle. They [staff] are like my family, they go out of their way and go one step further. Nobody has listened to me the way they do."

The person told us how all the staff were very caring and supportive but they had developed exceptional trust in two particular staff members who had additional qualifications which enabled them to provide additional positive behaviour support and associated therapies. The person told us staff had worked closely with them to develop mindfulness exercises which had greatly reduced their levels of anxiety. This person told us they were able to contact one of these staff at any time if their anxiety was causing them distress.

There was a supportive family atmosphere at Eastrop House, where people and staff shared a mutual respect and understanding. Relatives and health and social care professionals told us that staff were committed to supporting people in the home. A visiting Deprivation of Liberty Safeguards assessor made positive comments about the 'tremendous progress' made since moving to Eastrop House. They told us, "It is wonderful to see the transformation. The parents have refound their son."

Staff constantly explained to people what was happening and what they needed to do with regard to daily activities. Relatives consistently reported the registered manager was focused on the staff approach to people and developing caring and trusting relationships with them and their families.

Staff spoke fondly about their special memories whilst working at Eastrop House, which frequently described small steps taken by individuals. One staff member told us how they had struggled to bond with one person and how they were proud that their personal relationship had developed to such an extent this person now sought their support whenever they were anxious or upset.

We observed one person and staff members interacting in the garden. One staff member used a fork to loosen the soil which the person then used for sensory stimulation. Staff patience and perseverance was rewarded with bursts of positive interaction. Throughout this interaction we observed the person and staff sharing and exchanging frequent smiles and laughter.

When people displayed behaviours that challenge others we observed discreet and sensitive interventions by staff, in accordance with people's positive behaviour support plans. We observed several incidents where staff had preserved people's dignity and privacy, while supporting them to positively manage their behaviour.

Two people living in the home had moved into Eastrop House at short notice due to the closure of their previous home. One parent told us, "Coming here has been a breath of fresh air, the staff are very caring but are also very adaptive." Another parent told us, "[Their loved one] was very upset at having to move at such short notice but the staff have been excellent and have worked really well with us to get to know [their family member]. I have been really impressed with the way the manager and staff involve us debriefing incidents and holding reflective sessions to discuss best practice to improve their support." This relative continued, "It is no surprise that since [their loved one] has been here the duration, severity and frequency of incidents where there is a serious risk of self-harm have dramatically reduced because they are much better managed than in the previous home."

The provider had caring values and staff told us they took pride in creating a home for people where they felt safe and valued. One senior staff member told us, "You have to realise this is their [people's] home and you have to remember and respect that. I feel privileged to do this job and love coming here." Another staff member told us, "When you work somewhere like this you wouldn't want to work anywhere else. There is nothing like seeing people make progress when you are supporting them." We observed staff consistently demonstrating patience and tolerance whilst providing kind and compassionate care to people in practice during their everyday lives.

The views of people living at Eastrop House were sought during the staff recruitment process. People who wished to be involved were invited to take part in the interview selection process. One person told us they always volunteered if they were feeling well because it was important to choose people who able to understand people and how they wished to be supported.

New members of staff told us they had been supported by other staff to develop their relationships with people. People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

Staff took time to listen to people and make sure they understood their wishes. Staff had developed trusting relationships with people and spoke with passion about people's needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Staff promoted people's dignity by treating them as individuals and respecting their diversity.

Relatives and professionals consistently told us that 'treating people with dignity' was a staff priority. One relative told us how the service had supported Dignity Action Day. Dignity Action Day aims to ensure people who use care services are treated as individuals and are given choice, control and a sense of purpose in their daily lives. The home hosted an open house where the people and relatives spoke with visitors. Another relative told us their loved one experienced care at Eastrop House which focused to a high degree on dignity and respect for diversity.

Relatives told us the staff supported people with patience and understanding, in accordance with their positive behaviour management plans. We observed attentive staff respond to people's needs, promptly offering people comfort and reassurance before they became upset. Staff understood behavioural triggers that could distress people and took action to prevent these situations from occurring, thereby supporting people's well-being. For example; we observed staff engage in a calm and relaxed manner with one person



who was becoming distressed. This sensitive intervention culminated in the person happily laughing and joking with members of staff, before entering their room to use their electronic computer game.

When staff wished to discuss sensitive, personal matters with people they did so in private. Staff had discussed sensitive issues such as personal relationships and sexuality with people, which had been treated with strict confidentiality, while ensuring they received the necessary support to maintain their well-being.

We observed that people were relaxed and happy in the company of staff and chose to spend time with them. Staff spoke with people in a thoughtful and considerate way to enquire how they were. A healthcare professional told us that on their visits to the home staff had always been attentive while supporting people.

People told us they were encouraged to be as independent as possible. Health and social care professionals and relatives told us the staff worked closely with families and kept them fully involved in people's care as required.

People told us they were able to make choices about their day to day lives and staff respected these choices. Where required people had the opportunity to be supported in their decisions by an advocate. An advocate supports people to ensure they can make their own choices in life and have the chance to be as independent as they want to be. One person told us, "I used to have an advocate but I don't need them anymore because I have got [named staff] here who understand me and what I need. They have helped me to make my own decisions about what I want."

Staff were able to clearly describe and demonstrate how they upheld people's privacy and dignity and how they encouraged people to be aware of their own dignity and privacy. We observed that people's preferences such as terms of address, bathing arrangements, and times they liked to get up and go to bed were noted and followed in practice.



## Our findings

People told us that staff listened attentively to their views and wishes and consistently took them into account. One person told us staff were very good at working with them to make their wishes become a reality. For example, their ambition was to manage their own medication and pain relief. They told us how staff were developing an incremental strategy with them to achieve this goal.

Relatives consistently told us that the home provided good person centred care and support which was tailored to meet their family member's needs. One relative told us, "The way staff support [their loved one] is how it should be. The managers and staff are very good at responding to people's care and health needs but also brilliant at developing their potential. I only wish we'd found them sooner."

Another relative told us, "The managers are very good at getting everyone involved who has an interest so you feel it is a real team effort to get things right. I can't imagine staff who are more responsive."

Health and social care professionals told us that the registered manager and staff listened to their advice and guidance, which they implemented effectively in practice, for example; guidance from an occupational therapist had a significant impact on reducing one person's anxieties.

The management team had completed training in person centred care planning, which records confirmed. This ensured people's care plans accurately reflected their wishes in relation to the way staff were to support their assessed needs.

The registered manager was in the process of appointing a 'communications champion' to review each individual's unique methods of communication. Each person had a communication plan. This provided staff with information about how people communicated and their level of understanding.

We observed staff communicating effectively during our inspection in accordance with people's communication plans. Staff were able to interpret communication methods and behaviours to respond to people who were not always able to verbalise their needs. People's communication methods were understood and implemented in practice by staff.

People's care and support was planned proactively with them, and where appropriate their relatives and relevant health professionals. People received good person centred care from staff who promoted each person's health, well-being and independence.

People, relatives and care managers said they were involved in regular meetings with the registered manager and senior staff to review support plans and risk assessments, which records confirmed. The provider reviewed people's needs and risk assessments regularly to ensure that their changing needs were met.

People's support plans were reviewed whenever their needs changed. For example, where people were experiencing more anxiety and displaying behaviours that challenge or where their health conditions had deteriorated. The registered manager, deputy manager and senior staff met daily to review people's needs, where any concerns or changes were recorded and addressed. Support plans contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. This ensured people experienced care that was consistent but flexible to meet their changing needs.

The registered manager sought advice and support from healthcare professionals and we observed staff followed their guidance. People, their relatives and health and social care professionals told us staff consistently responded to people's needs and wishes in a prompt manner, which we observed during our inspection, for example; one person was promptly provided with pain relief in accordance with their medicines management plan, which reassured them and kept them calm.

Health and social care professionals made positive comments about the commitment of staff to support individuals to promote and respect people's choices and independence, while preventing them becoming socially isolated. We reviewed one document where a professional had commended the 'outstanding' commitment of staff to a person in challenging circumstances, which had enable the person to have a 'much better and brighter' quality of life.

Staff talked knowledgeably about the people they supported and took account of their changing views and preferences. We observed two handovers during our inspection and heard detailed information discussed about people's health and different moods, together with the potential risks and impact on planned daily activities. Where staff had been allocated specific tasks we observed these had been completed.

Each person had activity plans which had different entries throughout the day. This ensured people had a range of varied and stimulating activities every day. Each person had an activity schedule which was tailored to their personal interests and pursuits. Staff had identified people's individual needs and interests and arranged activities to meet them. Where activities had been linked to people's health action plans we saw these were evaluated, for example; one person's level of physical activity had a positive impact on the level of their anxieties and had reduced the incidence they experienced of behaviours that challenge.

People were encouraged to take part in activities of their choice outside the home, such as gymnastics. Detailed risk assessments were in place to ensure such activities were pursued as safely as possible.

People were supported to keep in contact with their family and friends and maintain relationships with them. We observed one person who was supported on a visit to a local nature reserve. Senior staff told us how they were taking a longer route to and from this and other activities to prepare the person for the longer journey to visit their family home. Visitors were welcomed to the home and there were no restrictions on times or length of visits. A visiting relative told us, "We come here every day and can come and go as we please."

Staff had been taught a recognised system for supporting people to manage behaviour which may challenge others which had been linked to people's positive behaviour support plans. We observed positive behaviour management and sensitive interventions throughout our inspection, in accordance with people's

personalised positive behaviour support plans, which ensured people were treated with respect and dignity and their human rights were protected.

People's care records detailed any changes to their health and behaviour and the subsequent updates to relevant risk assessments, for example; one person who experienced deterioration in a serious skin condition was promptly referred to relevant health professionals.

People and their relatives were given the opportunity to provide feedback on the service during meetings or by use of provider feedback forms. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service. Where required the registered manager had made improvements to the service based on feedback. For example the service were in the process of improving the provision of internet facilities and safety features in people's rooms.

People had been provided with a copy of the complaints process in a format which met their needs. People and relatives were enabled to make complaints where required and were confident that the staff would listen to them and take the necessary action.



## Our findings

The provider believed that having a good life with positive outcomes can be a reality for everyone, regardless of their age or presumed ability. This belief together with their aims and values were published on their website. Staff had a clear understanding of these aims and values which were to provide the best possible support to people living with learning disabilities, autism and mental health needs to ensure they experienced a better quality of life. Staff consistently spoke with passion about their commitment to providing people with the best quality care.

The provider tailored support to meet people's needs and choices through individual person-centred plans, which promoted their life skills and independence and fulfilled their goals and ambitions.

Where people lived with autism the provider completed an initial autism profile to enable staff to understand the person's interests, strengths, gifts and their need for support, for example; cognitive abilities which may require focus.

Staff confirmed that the management team took every opportunity to reinforce the provider's aims and values, for example at monthly staff meetings; where staff were encouraged to think about how they met these values.

Staff were able to describe what these values meant to them individually whilst supporting people. One staff member told us, "Every day I can't wait to get here because it is just the best feeling to know and see you are making such a difference to people's life." Another staff member told us, "When you see people who are happy and smiling it makes you realise what a privilege it is. We don't get paid a lot but there are bigger rewards here."

Staff consistently spoke with fondness about the close bonds they had developed with people and other staff at Eastrop House. Throughout the inspection we observed staff consistently demonstrating the provider's values in practice while supporting people in their day to day lives.

People and their relatives felt able to express their views freely. Relatives praised the registered manager and staff for their dedication and devotion to the people living at Eastrop House. One relative told us, "When [their loved one] first moved in there were lots of challenges with new staff and a new environment which obviously caused them a lot of distress and anxiety but the manager and staff have been fantastic. So much so that now they've [staff] established trust and understanding he is already in a much better place than he

was before "

Staff told us the management team had created an open culture within the home, where people and staff felt safe and confident to express their views. Staff told us their ideas and views were discussed and taken seriously, which made them feel their contributions were valued. The registered manager promoted a positive, inclusive environment within the home which was centred on people's needs, independence and choices.

Staff told us the registered manager and deputy manager were approachable and supportive. Staff told us they enjoyed working at Eastrop House because the management team put people's needs and their care at the heart of everything they did. Staff consistently told us the registered manager and deputy manager were always willing to listen to their concerns or ideas which made them feel they were all part of a team where everyone's contribution was valued. For example, the provider recognised the 'Staff member of the month' which was published on the home's noticeboard and newsletter. This briefly detailed the reason for the award but also gave examples and praise for outstanding support and care delivered by each member of the staff. Staff told us it was a small thing but inspired them to see the impact their endeavours were having on people.

Health and social care professionals told us they experienced good communication with the registered manager and staff who were always open and honest. One healthcare professional told us the staff were committed to implementing their guidance to ensure people experienced care based on best practice. One health professional told us how effective implementation of their guidance, driven by the registered manager and senior staff had resulted in a 50% reduction in incidents where a person experienced behaviours that may challenge.

Relatives told us that during visits to Eastrop House there was always a welcoming atmosphere within the home. People, family members and health and social care professionals referred to a good team spirit amongst the staff, who were always attentive. Relatives and professionals told us whenever they contacted the home staff always knew what was happening in relation to the individual concerned.

People and staff told us they were fully supported by the registered manager whenever they raised concerns or sensitive issues with the registered manager. They told us they were well supported by the registered manager who dealt with the issues promptly, in an open and transparent manner. Staff consistently praised the registered manager for their tact and diplomacy whilst dealing with sensitive issues, which were quickly resolved.

Staff told us that they were well supported by the registered manager who encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people's needs. The registered manager had appointed a 'Your views' representative who held meetings with staff in the absence of the management team to raise issues confidentially. These were then addressed to the registered manager monthly.

However whilst staff felt well supported by the site management, they consistently told us that the provider had not been supportive of the registered manager and deputy manager. During a turbulent transition period for some individuals, where commissioned hours did not meet those assessed by the registered manager, concerns had been raised regarding staffing levels. The provider had established a 'Speak Out' line to raise concerns confidentially which had been used by staff to voice their concerns about this issue, which has been addressed by the area manager.

The registered manager and deputy manager had proactively raised concerns both internally and externally regarding the level of agency staff required to meet the difference between people's assessed staffing ratios to meet their needs safely and those actually funded. In their efforts to work with the commissioners of care to accommodate people in crisis situations the provider had not always been able to complete effective transition planning which had led to one person being inappropriately placed. This placement has now been appropriately resolved. We spoke with the area manager who was open and honest regarding the circumstances and detailed the processes and necessary learning implemented since to ensure the staff 'voice' is heard when considering all future placements.

We observed the management team providing one to one support for people regularly during the inspection. The deputy manager told us they often worked alongside staff which enabled them to build positive relationships with people and staff, which records confirmed. The deputy manager told us this gave them the opportunity to observe the support provided and seek direct feedback from people and staff.

There was a clear management structure, which consisted of a registered manager, deputy manager, assistant manager and shift leaders. At the time of the inspection the deputy manager was seconded to another home for their career development so the assistant manager was covering their role. The management team were supported by an operations director who visited the service regularly.

We observed the registered manager and their management team engage with staff and positively manage them, for example providing clear guidance about how to support individuals. Staff told us that the management team were flexible and their level of their support was increased during challenging periods, for example; when a person was displaying extreme behaviours which may challenge others. Observations confirmed the registered manager and management team were highly visible within the home and provided clear and direct leadership to the staff.

People were encouraged to be involved in the development of the home. There were monthly meetings where people and staff were able to discuss any concerns or ideas to improve the service. People were informed of the progress in relation to actions generated by previous meetings, for example; there were updates in relation to proposed home improvements, and people's suggestions for activities and menu changes. Staff told us the registered manager was a good listener which made them feel their point of view was valued. For example, staff praised the registered manager's response to their concerns regarding the need to provide more night staff during a period of increased activity from a person who required one to one support.

Relatives and health and social care professionals told us that the registered manager sought feedback when they visited. Staff supervisions were completed monthly and where required, actions were raised in relation to new ideas or suggested improvements. Staff told us that the registered manager was continuously seeking their views and opinions to improve the quality of care people received.

Accidents and incidents were logged and reviewed by the provider as well as the registered manager. This ensured the provider's accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents, as well as addressing the initial cause of the accident or incident appropriately. Systems in place supported reviews and monitoring of actions, to ensure identified and required improvements to people's care were implemented effectively.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. The registered manager carried out their own quality assurance process and provided documentary feedback of their findings to the operations director. The

management team shared the responsibilities for specific areas of quality assurance and they carried out regular audits which included health and safety, infection control, the cleanliness of the home, medicine management, fire safety, people's weight loss, accidents and injuries. The provider's internal quality assurance manager completed regular assessments of the service performance in line with the fundamental standards inspected by us.

There was a comprehensive system of audits in place to ensure full safety checks were completed. The registered manager was supported by the provider's area manager who also assessed and monitored their performance. The registered manager demonstrated they were driving continuous improvements in the quality of service provided to people at Eastrop House in their weekly reports to the provider.

The registered manager understood their responsibilities in respect of their duty of candour and the need to notify us of significant events, in accordance with the requirements of the provider's registration. The 'duty of candour' is the professional duty imposed on services to be open and honest when things go wrong. Senior staff were able to describe under what circumstances they would follow the procedures.

The registered manager worked effectively in partnership with other organisations. This ensured that staff were trained to follow best practice and, where possible, contribute to the development of best practice. For example, the registered manager and staff engaged in regular meetings with the care commissioners and community learning disabilities team to improve best practice.

Records accurately reflected people's needs and were up to date. Detailed care plans and risk assessments were fully completed and provided necessary guidance for staff to meet people's needs. People's and staff records were stored securely which protected their confidential information from unauthorised persons. Processes were in place to protect staff and people's confidential information.