Parkcare Homes (No.2) Limited

Eastleigh House

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

Overall summary

This inspection was unannounced and took place on 1 February 2016. At our previous inspection in November 2013 the home was meeting the regulations at that time.

Eastleigh House provides accommodation for up to 10 people with learning disabilities and autistic spectrum conditions. There were nine people living at the home at the time of our inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

The people living at Eastleigh House were unable to tell us whether they felt safe at the home. We spent time with people observing their interactions with staff. People were spoken to with kindness, patience and humour. We

Summary of findings

saw people smiling, accepting physical contact from staff and accompanying staff around the home for various activities. This indicated people felt safe in the staff's company. Staff knew what action to take should they have any concerns over a person's welfare and they were confident the registered manager would take action if they raised concerns. Staff were provided with information about the "speak out safely" campaign which actively encouraged staff to raise the alarm when they saw poor practice. The health and social care professionals we spoke with confirmed the registered manager and staff provided a safe and supportive home for people.

Risks to people's health, safety and welfare were assessed and management plans were in place to reduce these risks. Staff were guided about what actions to take should a person become anxious or display behaviour that my place themselves or others at risk. Staff had completed training in managing behaviours that may be aggressive towards others and were confident with distraction and breakaway techniques, as well as using a physical intervention if that was necessary.

Staff were knowledgeable about people's support needs as well as their preferences and what made a 'good day' for them. Each person had a care file that provided staff with very clear information about people's care and support needs. A 'communication dictionary' described how people communicated their needs through words, sounds, signs or objects of reference. Each person had a key worker who supported them to develop their everyday living skills as well as new interests. The key worker developed a profile of the person to describe them as a person with likes, dislikes, personalities and preferences for staff to look beyond their disability. Care files held records of family involvement in care planning and monthly reviews as well as when the home had contacted them about significant events. Advocacy services were accessed for those people who had no family support. The health and social care professionals we spoke with told us people's needs were well known and understood by staff.

People were encouraged to be involved in a variety of activities both in and out of the home. Each person had an individual plan for the week which included activities such as cooking, painting, going for walks or out to the local café.

People were supported to maintain a healthy diet. Many of the people living at the home were unable to express their meal choices verbally. Staff offered people a choice of two meals to enable them to choose which one they would like to eat.

People medicines were managed safely and people received their medicines as prescribed. People had access to medical care and advice through the GP service or community learning disability services. Some people were also receiving specialist support from the local hospital for more complex health care conditions.

People were supported by sufficient staff on duty to meet their care and support needs, maintain their safety and provide them with meaningful activity. Safe recruitment processes were in place to reduce the risk of employing a person who may be a risk to vulnerable adults. Staff were provided with the training they needed to understand people's physical and mental health needs. The provider's in-house training 'Foundations for Growth', with over 40 modules supported the externally accredited training staff received. New staff completed an induction programme where they undertook essential training and worked alongside an experienced member of staff. They were also enrolled to undertake the Care Certificate.

The home was adhering to the principles of the Mental Capacity Act 2005, in that people's capacity to consent to their care and treatment was assessed and best interest decisions made on their behalf when they were unable to consent. Where it was necessary to deprive people of their liberty to keep them safe or to manage a potentially aggressive situation, authorisation had been obtained for the local authority's supervisory body. Staff were observant for signs people may have concerns or not be happy as many of the people living at the home would not be able to express this.

The registered manager and staff team demonstrated their commitment to providing high quality, personalised support to people. They had effective systems in place to assess people's needs, recruit and train dedicated staff and to monitor the quality of the support services they provided. Staff told us the home was well managed and they enjoyed working at Eastleigh House. The provider had signed up to quality improvement initiatives and kept up to date with current good practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The home was safe.

People received safe care and support from staff employed in sufficient numbers to meet their needs.

Risks to people's health, safety and well-being were assessed and management plans were in place to reduce these risks.

People's medicines were managed safely and they received their medicines as prescribed.

Good

Is the service effective?
The home was effective.

People's capacity to make decisions about their care and treatment were assessed. Decisions were made in people's best interests where they lacked capacity.

Staff received the training they needed to understand and meet people's care needs.

People had prompt access to, and were supported by a range of health and social care professionals.

Good

Is the service caring?
The home was caring.

People's privacy and dignity were protected.

Staff treated people with respect and kindness. Staff and people interacted in a friendly way.

Staff knew people well. They had a good knowledge of people's individual needs and preferences.

Good

Is the service responsive?
The home was responsive.

People enjoyed a range of activities in the home and the local community.

Care records and risk assessments were detailed and person centred. They reflected individual needs, wishes and preferences and provided staff with sufficient information to enable them to provide the care and support people required.

Staff were observant for changes in people's behaviour that may indicate they had concerns or were unhappy.

Good

Is the service well-led?
The home was well-led.

Staff had confidence in the registered manager, who they said was approachable and caring. Staff felt supported and enjoyed working at the home.

There were effective systems in place to monitor the quality and safety of the services and support provided. This included regular contact and reviews with the provider's senior management and quality teams.

Good

Summary of findings

The home kept up to date with current good practice within the learning disability care service.

Eastleigh House

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 February 2016 and was unannounced. One social care inspector undertook the inspection.

Before we carried out the inspection we reviewed the information we held about the home. This included statutory notifications the provider had sent us. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also looked at the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the home does well and improvements they plan to make. We spoke with four health and social care professionals who had regular contact with the home about their views of the quality of the care and support people received.

The people living at the home had a learning disability and had very limited communication abilities. In addition, some people were living with an autistic spectrum disorder. They were unable to share their experiences with us. During our inspection we met and spent time with eight of the nine people living in the home. We spent time in the lounge room observing staff interactions with people and saw how people spent their time. We used the principles of the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager and five members of the care staff.

We reviewed the care records of three people and looked at how the home managed people's medicines. We also looked at records relating to the management of the home, including staff recruitment and training records and health and safety checks.

Good

Is the service safe?

Our findings

The people living at Eastleigh House were unable to tell us whether they felt safe at the home. We spent time with people observing their interactions with staff. We saw people approach staff, and choose to sit next to and spend time with staff. We saw people smiling, accepting physical contact from staff and accompanying staff around the home for various activities. This indicated people felt safe in the staff's company.

Staff told us they had received training in protecting people from abuse and they knew what action to take should they have any concerns over a person's welfare. Staff were confident the registered manager would respond and take action if they raised concerns. They knew who to contact both within the organisation and outside of it. We saw information about the "speak out safely" campaign on the notice board in the staff room. This actively encouraged staff to raise the alarm if they saw poor practice. The registered manager told us they and the deputy manager worked alongside staff to monitor their performance and ensure they are able to meet people's need safely, this included staff working overnight. There was an 'on-call' manager for staff to contact out of hours for advice and guidance.

The staff worked closely with the local authority's learning disability assessment and treatment teams to assess and review people's welfare. The people living at Eastleigh House had very limited communication abilities and this could, at times, lead them to become frustrated or anxious: some people displayed behaviours that may be aggressive towards others. All incidents of aggressive behaviour were closely monitored and the cause reviewed. The families of those involved, the local authority and CQC were informed of all incidents. The health and social care professionals we spoke with confirmed the registered manager and staff provided a safe and supportive home for people. They said the staff sought advice promptly, followed that advice and were "very good" at managing complex care needs and behaviour's that may be aggressive.

Each person had a care file that detailed risks to their health, safety and well-being. Included in these assessments were the circumstances a person might become anxious or distressed, the warning signs to look for and also a description of the behaviours they may display. Staff were provided with detailed guidance about what actions to take to reduce a person's anxiety or to de-escalate a potentially aggressive situation. Staff told us they had completed training in managing aggressive behaviours and were confident with distraction and breakaway techniques. They said they were also trained in using a physical intervention, such as touch guidance to support a person to move to away from others to a quiet place, to reduce potentially aggressive episodes.

The registered manager said they followed the principles of 'positive behavioural support', concentrating on people's abilities and using their proven coping strategies to reduce triggers that may lead to anxiety and potentially aggressive behaviour. They had been able to demonstrate a reduction in the use of physical intervention, which they see as a last resort to maintain people's safety.

Other risks to people's safety were also identified. For example, some people had swallowing difficulties and were at risk of choking. We saw the home had sought specialist advice from the speech and language team. The risk assessments identified how staff should minimise these risks. For example, one person required a soft diet and thickened drinks. Another had their food cut in to small pieces and was given a small amount at a time. The risk assessments stressed people were not to be left unsupervised when they were eating or drinking.

People were supported by sufficient staff on duty to meet their care and support needs, maintain their safety and provide them with meaningful activity. In addition to the registered manager, there were seven care staff on duty. A newly recruited member of staff was also on duty shadowing an experienced member of staff.

Safe recruitment processes were in place. We looked at the recruitment files for three staff. Checks had been undertaken prior to their employment to ensure they were suitable to work with people who lived in the home. For example, references from previous employers had been sought and Disclosure and barring (police) checks had been completed. This helped reduce the risk of employing a person who may be a risk to vulnerable adults.

We looked at the way the home managed people's medicines. Medicines were stored safely and records were kept of all medicines received in to the home. Staff said they had all received training in safe administration practices from the local pharmacist as well as in-house eLearning training modules. We saw the medicine

Good

Is the service safe?

administration records had been fully completed. This showed people received their medicines as prescribed. People's care files described how people took their medicines. For example, one person liked to have their medicines placed in their hand, while another person liked to have a sweet after their medicines. In December 2015 the home had an audit of its practices from the local pharmacist who found them to be safe.

People's money was managed safely. The home held some money for people's day to day spending. Receipts were obtained for all money spent and these were signed by two staff. The registered manger confirmed either families or the Court of Protection were involved in approving expenditure.

The home was clean and well maintained. There was a large lounge room and dining room with plenty of space for people to move around freely. A further room was used as a sensory room or a craft room, where people could spend time away from other people. A 'training kitchen' provided a safer environment than the large main kitchen for people to prepare drinks and snacks for themselves. Safety checks had been undertaken of the fire safety, electrical and gas installations. Each person had a personal evacuation plan to guide staff about the support they required in an emergency situation, such as in the event of a fire.

Good

Is the service effective?

Our findings

People received support from staff who knew them well, many of who had worked at the home for several years.

Staff told us they received the support they needed to carry out their roles. They said the registered manager was very approachable and supportive. One member of staff said, "If I ask for support I've got it". Staff received regular supervision and had an annual appraisal and we saw records of these in their files. Staff said they found these meetings helpful, and they were able to identify and request training and support. For example, one staff member said they had been supported to undertake a qualification to enable them to train staff in responding to people's potentially aggressive behaviour. In the provider information return, the registered manager stated the home was looking to further develop staff skills by training a number of them to become trainers in first aid and the Mental Capacity Act. This would enable to the home to provide individual or small group training sessions to staff.

New staff completed an induction programme where they undertook essential training and worked alongside an experienced member of staff. They were also enrolled to undertake the Care Certificate. The certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff told us they attended numerous training events throughout the year. One told us, "We have lots of training, general health and safety training and specifically about individual's needs".

They were also supported with their training through the provider's 'Foundations for Growth' programme. This provided staff with over 40 eLearning modules in topics relating to the needs of the people they were supporting. Staff confirmed they had recently commenced an externally accredited autism awareness course. A training matrix provided evidence of the training staff had received and the planned training for the forthcoming months and into next year. Eastleigh House's training and support of staff had been accredited with 'Investors in People', a nationally recognised organisation which helps services develop their staff and recognises their good practice in doing so.

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. Each person's care file contained details of capacity assessments with regards to a number of issues relating to their care and support. These included the outcome of any best interest decisions taken on behalf of the person. For example, two people had health conditions which required close monitoring from specialist hospital services. Both had capacity assessments and best interests decisions recorded detailing who was involved in the decision making process and what the person's options were for treatment. The health and social care professionals we spoke with told us the staff were very professional in their approach to reviewing people's ability to make decisions about their care and treatment. They said they had been involved in assessments and found the staff provided them with all the necessary information they 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 and hospitals are 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 were being met. The registered manger confirmed all the people living at Eastleigh House were under constant supervision due to the complexities of the disabilities. As such all had a DoLS authorisation in place covering issues relating to leaving the home without staff support, the use of 'as required' medicines or a physical restraint to protect people from harm. We discussed with staff their undertraining of these restrictions and they had clear knowledge of when these restrictions could be implemented to protect people.

People were supported to maintain a healthy diet. Many of the people living at the home were unable to express their meal choices verbally. Staff provided them with two meals to enable them to make informed choices about what they would like to eat. When we arrived at the home some people were having breakfast. We saw a variety of breakfast cereals and toast and jam were available for people to

Good

Is the service effective?

choose from. People's food choices and where they wished to take their meals was recorded in their care files and these were known by staff. Some people were at risk of not eating or drinking enough to maintain their health. We saw advice had been sought from the GP and supplements had been prescribed. Their diet and fluid intake was being monitored throughout the day.

People's health care needs were documented in their care files. Staff were provided with clear descriptions of people's health conditions and the support they may require as their health needs change. People had a 'hospital passport' which detailed their care needs, their medicines and their use and any other information it was important for staff to know should the person require a hospital appointment or admission. The local hospital's learning disability liaison nurse had been provided with copies of people's 'passports' to allow them to prepare for people's admission should that be necessary. Records showed people used the local healthcare facilities such as GPs, opticians and dentists as well as receiving support from specialist hospital services and the community learning disability team.

The registered manager told us they tried to foresee people's future care needs based upon people's current health and abilities. For example, one person's mobility needs were gradually changing and staff knew the person would require the use of a wheelchair in the future. The home had sought advice from an occupational therapist to obtain the correct style of wheelchair and was slowly introducing its use to the person.

Good

Is the service caring?

Our findings

Staff knew people well and were able to tell us about people's individual needs and preferences. During our inspection we observed staff's interaction with the people they were supporting. People were spoken to with kindness, patience and humour. People were the main focus of the staff's attention and we saw staff sitting with and talking and laughing with people.

The registered manager said they employed staff with a 'people-focused' attitude and looked for staff with a wide variety of interests that would enhance the lives of the people living at the home.

One health care professional we spoke with said, "The home provides a great homely feel".

Each person had a key worker who supported them to develop their everyday living skills as well as new interests. They developed a profile of the person to describe them as a person with likes, dislikes, personalities and preferences rather than someone with a disability. Staff recognised what was important to people and were provided with information about how to provide a 'good' day for people. A staff member told us, "We're good at providing person centred care. I think we're prepared to go above and beyond to ensure people are well supported".

'Your Voice' meetings were held each month to review how well people had been supported. Pictures were used to show how people had spent their time and what activities they had been involved with, both in and out of the home. There were also pictures of how people had celebrated special events such as birthdays. Care files held records of family involvement in care planning and monthly reviews as well as when the home had contacted then about significant events. Advocacy services were accessed for those people who had no family support. This was to ensure they had access to independent advice and support, particularly at times when important decisions had to be made about their welfare.

Staff maintained people's privacy and dignity. All personal care was undertaken in private and we saw people were supported discreetly throughout the day to access the toilet.

The registered manager said Eastleigh House was a home for life for people and they would endeavour to support people through illness. As a result the home was developing end of life care plans for people using the information they and families knew about people's preferences.

Good

Is the service responsive?

Our findings

The people living at Eastleigh House had complex care needs, not only in relation to their learning disabilities, but to physical and mental health care conditions that required careful monitoring and support.

The health and social care professionals we spoke with told us people's needs were well known and understood by staff. One said, "The staff team have met my client's complex needs at a high standard and provided him the flexibility he needs." Another said, "They look at each client individually and provide individual care packages to meet all the client's separate needs. They develop in depth recording, care plans, risk assessments and activity planners."

Each person had a support plan which gave staff important information about their individual needs. We looked at the records for three people with varying needs. These held information about people's physical and mental health care needs and provided staff with step by step guidance about how to support people. This ensured staff fully understood people's needs and people were supported in a consistent manner. This was particularly important for people with autistic spectrum disorders who need their personal care and the day's events to be carried out as they expect and prefer. These records were personalised and identified people's abilities and preferences as well as what was important to them. For example, one person's plan stated they liked to have two different drinks, milkshake and tea, available to them at all times. These drinks were prepared in a style of cup only this person drank from to enable them to easily identify their drinks. This reduced their anxiety about being able to have a drink when they wished.

A 'communication dictionary' described the ways in which people communicated using words, sounds, signs or objects of reference. This enabled staff to understand and respond to people's chosen form of communication. We saw staff using signs and showing people objects when talking to them to support what they were saying.

Care plans were reviewed monthly with the person, their keyworker and family members if they were involved. Any obstacles to meeting needs were identified, such as a deterioration in a person's sleep pattern, as well as planning for further development of people's abilities and learning. Building upon people's existing skills, staff were slowly able to introduce new experiences for people. For example, people were encouraged to use the training kitchen to prepare drinks or snacks for themselves, or to use the sensory room to self-manage their anxiety.

Individual activity plans, either written or pictorial were used to ensure people knew what activities they had planned throughout the week. These also enabled the home to plan staffing arrangements. Staff told us they try to find a variety of activities in the local community that people can get to easily. We saw people's plans included cooking, painting, watching films and going out to local places of interest. Staff told us people enjoyed going shopping, to the zoo, local cafes and restaurants or walking on the moors. During our inspection, people went to a local cafe. People were also encouraged to be involved with the everyday tasks around the home. Staff told us there was "a good choice of activities" and "we have time to spend with the men".

In October 2015, staff had sought advice and the involvement of an occupational therapist in providing stimulating and meaningful activities for a person whose physical and sensory abilities were declining. We saw this advice had been clearly described in the person's care file and that staff were following this. For example, the occupational therapist had advised the person to have soft objects within reach at all times, and we saw this was happening.

People's daily care and support notes detailed how they had spent their day, what activities had been successfully enjoyed or if any had not been, how well they had eaten as well as information about their general well-being. These provided a clear picture of each person's day and identified the staff who had been involved with their support. They were written in respectful language and were stored securely.

The home's complaint procedure was available in an accessible format with pictures and symbols to help people read it. However, many of the people living at the home would not be able to share any concerns they may have or tell staff if they were unhappy. Staff told us they were observant of people's behaviour, of their body language or if they appeared hesitant to be close to someone or to participate in an event. This might indicate they are unhappy or have a concern. The home had received one complaint recently regarding a bedroom not having

Good

Is the service responsive?

en-suite facilities. A full record of the issue and the actions taken by the registered manager to resolve the matter was recorded. They confirmed the home had been able to create an en-suite room by taking space from a large adjacent bathroom.

Good

Is the service well-led?

Our findings

The registered manager and staff team demonstrated their commitment to providing high quality, personalised support to people. There were effective systems in place to assess people's needs, recruit and train dedicated staff and to monitor the quality of the support services they provided.

The staff said the home was well managed and they described the registered manager as "very nice", "supportive" and "very approachable". Staff told us the home was "a nice place to work". Other comments included, "I really enjoy working here" and "we're a good team." They told us the registered manager worked alongside them and knows the people they support well. They said there were clear management responsibilities and good communication within the home. Staff had handover meetings at the start of each shift which enabled them to pass on important information to each other and to plan events for the day.

A health and social care professional told us, "the registered manager has excellent communication skills" and another said, "the registered manager provides an open approach to the whole home for staff and clients. Eastleigh always meets and completes any task asked and they provide allocated time for meetings to enable in depth discussions".

In the provider information return, the registered manager said, "Staff's ideas and opinions are valued and listened to with the aim of working as one team to provide consistent support for all our service users". This was confirmed by staff who told us there were regular meetings where their views were listened to and ideas for improvement sought. One member of staff told us about their idea of more detailed identification cards for when people go out of the home and another said their ideas for activities had been adopted. They told us about 'Your Say', where staff were able to share their views and ideas and present these to the registered manager and also at the provider's regional and national meetings.

The home's website stated "We do everything we can to improve the health and wellbeing of the individuals we support and as a team we are focused on building positive outcomes for everyone. We're committed to developing and providing services which ensure that the individual is at the very centre of everything we do." Staff told us the home's values were treating people with dignity and respect, and treating people as equals.

The registered manager told us the home is committed to the improving the quality of the service it provides. Records showed the provider's quality team met regularly with the registered manager to monitor the internal audits they had undertaken. These audits included monthly reviews of how medicines have been managed, whether there have been any accidents or incidents of aggressive behaviour and a review of risk assessments and support plans. The registered manager met with and prepared a report each month for the provider's regional manager.

The home had signed up to improvement initiatives, such as 'Driving up Quality' which places a commitment on "services to listen to the people they support and to build lives that have meaning for them. There is a particular focus on people with challenging behaviour who have longstanding and complex support needs". A self-assessment process allowed the home to monitor how well they are meeting the objectives set and develop an action plan to further improve. These actions were linked to the home's general improvement plans agreed with the regional manager.

The registered manager told us they gave a 'Your Views Count' questionnaire to visiting family members and health care professionals throughout the year to obtain their views of the home and this feedback sent directly to the provider's head office.

The organisation had an intranet which provided staff with up to date information about good practice within the learning disability care service. The registered manager had signed up to receive regular updates from the Social Care Institute for Excellence and British Institute for Learning Disabilities, as well as CQC. They fully understood their responsibilities in relation to their duty of candour, that is, their honesty in reporting important events within the home, and their need to keep CQC up to date.