

## Eastleigh Care Homes - East Street Limited

# Eastleigh Care Homes

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

About the service: Eastleigh care Home is a residential care home that was providing personal care to 49 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People, relatives and visiting health and social care professionals were all extremely positive about the responsiveness of the care and support being provided. People consistently had a wide range of activities and outings to keep them engaged and enjoying a fulfilling life. People were enabled to remain part of their local community which was important. People's wishes and past hobbies were considered and incorporated into their daily life. The service thought outside the box to enable people to have enriching experiences. For example having regular contact and shared activities with local school children.

Staff were skilled and knowledgeable about people's needs, preferences and wishes. They ensured a truly person-centred approach through detailed and collaborative care planning.

The provider understood the importance of ensuring staff were skilled and had opportunities for continuous learning and support to enable them to be effective and safe in their role. They had developed a dementia academy which enabled staff to use a variety of learning techniques to develop their skills in working with people with dementia.

People's rights were fully protected through the effective use of the law and working in the least restrictive way.

People enjoyed a wide variety of meals, snacks and drinks throughout the day. Staff ensured people's nutritional and hydration needs were met in creative ways.

People's health and emotional wellbeing was closely monitored and responded to when needed. The service went the extra mile to ensure people's physical and emotional well being was maintained. For example, they employed a physiotherapist to work with people and staff to develop and maintain exercise programmes. This helped people's mobility and independence and had a positive impact for them.

People were protected because risks had been assessed and any measures needed to mitigate these were fully documented. New staff were only recruited once they had all their checks to ensure they were suitable to work with vulnerable people. People's medicines were safely managed.

There were quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

Rating at last inspection: At the last inspection the overall rating was GOOD with a requires improvement in

Responsive (report published 13 December 2016)

Why we inspected: This inspection was a scheduled/planned inspection based on the previous rating.

At this inspection responsive had improved to Outstanding

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was exceptionally effective

Details are in our Effective findings below.

Outstanding ☆

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Eastleigh Care Homes

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by an inspector, assistant inspector, a member of the medicines team, specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert had direct experience of their family members having received care in a residential care home.

**Service and service type:** Eastleigh East Street is a 'care home' for a maximum of 50 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The manager was in the process of registering with CQC.

#### Notice of inspection:

This inspection was unannounced meaning no notice was given.

#### What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with 14 people who were able to tell us their views of the service they received. We observed the care and interactions between staff and other people using the service in the communal areas. We spoke with three relatives and one visitor. We also spoke with eleven members of staff including the nominated individual for the provider, manager, deputy manager, senior manager, administrator, housekeeping and the cook.

We looked at five people's care records on the computerised care planning system and some paper records waiting to be transferred across. We reviewed the electronic medicine administration record system. We observed administration of medicines and checked storage arrangements, policies and procedures, medicines audits and incident records. We spoke with four members of staff about medicines.

Following the inspection, we received feedback from six relatives and four healthcare professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection the rating remains good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and well cared for. Comments included "I just press a button if I am not feeling well and they come and help me". Another person told us, "I feel as though I belong here, I feel safe, if there are any problems staff will sort them out, I have no worries, this is a very happy home".
- Staff at all levels understood their responsibility to protect people and to report any concerns regarding possible abuse. We saw examples of how this had worked successfully in the past.
- Staff received training in safeguarding processes and had detailed policies and procedures to refer to when needed. This was also discussed in supervisions, meetings and handovers.

Staffing and recruitment

- There were sufficient staff on at all times to ensure people's needs were met safely and in a timely way. Staffing levels were kept under review and adjusted if people's needs changed.
- Recruitment practices ensured only staff who were checked as suitable to work with people who may be vulnerable would be employed

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action taken to minimise these. For example, where someone was at risk of falls, appropriate equipment was in place to minimise this risk including walking aids, clutter free environments and the use of pressure sensor wedges and crash mats.
- With respect to behaviour management plans there was in depth assessment of factors that might contribute to triggering unwanted behaviours and detailed description of how the behaviours manifest. For example, too many people, too much noises, uninvited people in their room, staff not listening to what the person was trying to communicate. The risk assessment included a clear de-escalation plan which may include use of own room, quiet, one to one with staff, use of chocolate or sweet treats. It was also noted that there was a separate assessment of likely causes of medication refusal and mitigating actions to be taken.
- The service was proactive in ensuring people were kept safe. For example, staff met monthly with the community rehabilitation nurse to discuss falls and any preventative measures they can take. They said, "Staff are encouraged to mobilise patients who are able to walk to the toilet rather than using the quicker option of a wheelchair to transfer to maintain muscle strength."

Using medicines safely

- Medicines were safely managed. There were known systems for ordering, administering and monitoring medicines. Staff were trained and checked as competent before they administered medicines.

- Medicines were secure, and records were appropriate
- Where safe to do so, people were encouraged to manage their own medicines. This helped to promote their independence.
- There was a system of recording and identifying medicines issues, and action was taken to improve where appropriate.
- If medicines were administered covertly then safe systems and checks were in place to protect people.

#### Preventing and controlling infection

- The home was kept clean to a high standard and there were no offensive odours.
- People and relatives confirmed the general cleanliness of the home was of a high standard. One relative commented, "The building is old and had been a private house rather than purpose built and as such may not be the easiest in terms of corridors etc but is always clean and tidy and never smells of a residential home."
- Staff undertook training in infection control and were aware of how it applied to their practice.
- Staff confirmed there was always a plentiful supply of gloves and aprons available for their use in helping to prevent any cross infection.
- The laundry area was well organised, so cross infection was kept to a minimum.

#### Learning lessons when things go wrong

- The service had a proactive approach to learning from accidents and incidents through staff debriefings and training events. For example, where a number of falls had occurred a detailed analysis to check for trends was completed.
- One healthcare professional said, "When a resident has been of particular concern (for example a resident recently with recurrent falls) they have been happy to facilitate a meeting with myself, the family, the lead carer and manager to look at what can be done to keep the resident as safe as possible."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this rating has improved to outstanding.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There was clear evidence of staff and management having an excellent understanding of MCA and ensuring people's rights were embedded into their everyday practice. Where people lacked capacity, the service ensured they took what they described as "protective measures/plans" to keep them and others safe. For example, two people who had advanced dementia had developed a relationship which appeared consensual, but the team identified there were some risks. They involved key stakeholders and DoLS to develop a plan to ensure the two people could continue to enjoy each other's company, but not be at risk. This was a delicate balance but staff recognised the couple's need to enjoy each other's company and not being too restrictive but also understanding their vulnerability. They had worked proactively and closely with other healthcare professionals to achieve the best outcome for people.
- A further example of good care in relation to both personalisation and least restrictive practice concerned a person with advanced dementia who would become very agitated and aggressive during personal care in the mornings. Through the introduction and use of emojis to help understand feelings, the team were able to assess that the person did not like to be woken and have personal care delivered before mid-morning. When their routine was altered to reflect their needs which they could not articulate before the use of the emoji assessment there was no longer the agitation and violent behaviours. The use of symbols had allowed the team to see what worked best and improve the outcomes for this person.
- People's mental capacity and ongoing review of this was seen as an essential part of ensuring the individuals rights were truly met and respected. The service ensured continual review (monthly or by

exception) of capacity risk assessments that look into restrictive measures as well as lesser restrictive options. This had impacted positively and significantly in the treatment options for people. For example, one person was admitted with a diagnosis of dementia. Through detailed assessment and reviewing of this person's behaviours, the service were able to show they were more symptomatic of having a personality disorder and depression. They were able to evidence this and ensured the treatment plan was altered to reflect this. The service advocated on behalf of the person to gain the best and most effective clinical treatment for the person.

The provider told us their assessments had been "Praised with GP's DoLS assessors and third party professionals in assisting them to engage and build a clinical picture of support." This showed the service were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care and support to people.

- The service understood the importance of ensuring these were individualised meetings where the full care, support and personalisation of care was reviewed and tailored to ensure completeness. This also covered consent, MCA and DoLS where appropriate. This ensured that person or their representatives have a voice and input into the care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were highly detailed and paid attention to ensuring people's choices were fully considered as well as their needs. For example, detailing people's preferred routines and ensuring staff had the right information to deliver care as the person wished. Support was flexible, so people could choose when they were supported and how. One person said, "I like to be up by seven o'clock and they will bring my breakfast."

- The registered provider explained "The home is completely paperless and electronic, including all staff records and service user information, with exception of TEP forms. This is completely GDPR compliant and has been commented on by IMCA representatives and GP's / third party professionals." Having such an up to date system allowed the plans and actions to be truly effective and ensure the right support and care was being delivered.

- The system used was bespoke and ensured people's plans were individually tailored to show their needs. The system allowed for on the spot and distance audits to ensure they were effective and meeting people's needs to the highest standards.

- There was evidence of real detail on interventions for people living with complex dementia. For example, instructing staff to ensure consistency, clear explanations, instructions at a slow pace and one at a time, use of reminiscence, address by preferred name. There was also use of behavioural signs of physical issues. For example, when someone had a full bladder, they may indicate this by becoming fidgety in their chair. This attention to detail showed people's needs and wishes were truly being considered. Staff were able to describe people's needs and wishes in detail. The impact for people was visible in the interactions we observed throughout the day. Staff were skilled and knowledgeable to understanding people's needs and honouring their preferred routines.

- The service employed a physiotherapist to ensure people's needs were being met in line with best practice. This professional said, "My role is to assess clients that come into the home. I the work out rehabilitation/exercise programmes to help maintain or improve the client's mobility, function and independence. I am pleased to say that my relationship with the staff (especially the seniors and management) is good. They are very proactive in requesting me to see new clients or ones they have concerns about. They then carry out any programmes I set conscientiously." This impacted positively for people because the service was seeking to use best practice in maintaining people's mobility wherever possible.

- The service had a "resident of the day" where each person was given a day so that senior staff could spend time reviewing, reflecting and discussing their needs with them, care staff and any other significant

stakeholders. This meant care plans and assessments were reviewed and updated at least monthly with the input from their whole care team. The impact for people was evident as it was clear staff truly had a holistic overview of their needs and wishes.

- An holistic plan was devised on admission and included details about the person and what was important to them. This also included aspects of life story planning with consultation with the people who were most important to the individual. This had significantly impacted positively, particularly for those people who had cognitive impairment .

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

Where people have complex or continued health needs, the service worked to improve their care, treatment and support by identifying and implementing best practice. Links with health and social care services are excellent. This was achieved in various ways

- There was consistently positive feedback from relatives and healthcare professionals about the way the service ensured people's healthcare needs were fully met. One healthcare professional said, "I visit a lot of homes in my work with Devon Doctors and I have always felt the team at Eastleigh do an excellent job for their residents." Another said, "I have an excellent working relationship with the staff at Eastleigh and generally have no problem contacting the lead carer or manager when required. My impression is that they care about their residents and will call for review if they have concerns. The attitude of the staff has been friendly and supportive to the residents when I have visited, and they respond well to requests for changes to medical management when needed."
- People said their healthcare needs were being monitored and they could see their GP where they needed. One person said, "I can't fault how well they look after me. They always check I am okay."
- The service recognised the need to ensure people's pain was consistently monitored, especially if people were unable to express this to staff. They did this in a variety of ways. Checking people's facial expressions, posture and the use of symbols and smiley faces to enable people to express themselves. Staff were knowledgeable and skilled about this and about understanding the nonverbal cues of people they worked with. The provider understood the importance of ensuring people were comfortable and pain free where possible. To this end staff were trained in non-verbal pain identification to minimise distress. This impacted significantly and positively for people. We heard of examples where the service were able to work collaboratively with the GP and show people's pain relief needing adjusting.
- The provider was proactive in working out ways to share the right information to help make positive impact on people's well being. For example, they arranged a meeting with the local GP's to discuss how best to minimise risks of falls and sharing of relevant information to all parties. For one person this meant a change of medicines and this resulted in a significant reduction in falls for them. Another example was the service instigating meeting with the community nurse team. This significantly improved management of wounds within the home and assisted clearer communication and notes onto the care system. Since this has started the service have been able to identify skin concerns much earlier and take more a proactive and joint approach.

This showed the service contributed to the development of best practice and good leadership with other agencies.

Staff support: induction, training, skills and experience

- Having a skilled, trained and motivated workforce was seen as being essential to ensuring the best outcomes for people. To this end the provider invested in ensuring there were sufficient staff within their group who had comprehensive train the trainer courses. This meant that training of particular skills could occur as and when it was needed. They also made good use of their clinical skilled staff in the sister nursing home.
- Following feedback from their last inspection, the provider recognised the need to offer more bespoke

training in dementia. They had used the external training resource; a dementia tour bus, which gave staff an in-depth understanding of sensory issues relating to dementia. This had impacted on practice. For example, using coloured plates for people to enjoy their meals, giving people more time to process information and respond. Care plans gave staff clear details about following this training into practice.

- The provider had started a dementia academy which would involve ongoing learning in different formats for staff to undertake. They had also introduced bite size learning that took place monthly on a topical basis, following staff and people / representative feedback or concerns. This meant learning was interactive and met the needs of staff and people.
- Staff were consistently positive about the training and support they received to do their job. One said, "I feel they have given me some really good training. I am being given the opportunity to do more qualifications which is really good." Another said, "Yes we are given the right training and if you want to have some on a particular area, you only have to ask. There are always new topics coming up."
- The service was part of a supported internship programme for individuals with learning needs and or disabilities. Feedback from the college included, "They have been forthcoming with ideas, keen for our students to learn as much as they are able, understanding of any needs and have encouraged the students to shine. We are pleased to say our learner has been made an offer of employment which would not have happened without the commitment and enthusiasm of both the management and operational team at Eastleigh Care Home. Our student is thrilled to be working at such a fantastic place and it has been a pleasure to work with everyone concerned." This meant the service was being proactive in encouraging staff from all walks of life to join in the workforce. It also meant people living at the service had opportunities to meet young people with disabilities contributing positively in the workforce.
- The service had adopted a peer review system which allowed all staff to have time for reflective practice and development of their skills. This was enhanced with what the provider called a "Top talent scheme" which allowed staff to have experience between their sister homes to trial other roles and help with staff retention.
- The provider had a framework for staff to have monthly supervisions. This focussed on observation led continual review of people's interaction including dignity, personal / intimate care, assistance with nutrition. The provider said this had led to improved outcomes for people. For example , people gaining weight and having improved health outcomes

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

- People were given a wide choice of food, drinks and snacks of a high standard to help them maintain a good balanced diet. Attention was paid to how the food was served to ensure it was always attractively presented and people where able, could help themselves to the choice of mains and side dishes on offer.
- Catering staff went out of their way to meet people's food preferences. One person, for example, had said they would like Chinese takeaway and the cook agreed to arrange this.
- Every opportunity was used to encourage people to keep their appetite up. For example, regular outings to places of interest were organised. These always included people's favourite foods for a picnic. On the day of the inspection people were going out onto the moors and taking locally sourced pasties with them to eat.
- At each handover staff received detailed accounts of what people had eaten and drunk and where there was a concern this may not have been enough. Staff made suggestions about how to entice people to try to eat and drink more. For example, "Oh I know [name of person] loves trifle. Let's ask the kitchen to make some up for them."
- Kitchen staff were aware of how to fortify foods to ensure good calorie intake, including home made fortified milkshakes for people at risk of malnutrition. They knew people's likes and dislikes and worked hard to ensure there was a plentiful supply of nutritious meals and snacks for people each day.

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

- Although the building was not purpose-built adaptations had been made to ensure areas were accessible,

safe and where possible dementia friendly. This included having memory boxes outside rooms for people to orientate themselves.

- Clear signage meant people could move freely and find their way to bathrooms and dining areas.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection the rating remains good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

People said staff were caring and respected their privacy and dignity. Comments included, "The staff do look after us well" and "I feel as though I belong here, I feel safe, if there are any problems staff will sort them out, I have no worries, this is a very happy home".

- One relative wrote to us prior to the inspection and said, "Since Mum moved into Eastleigh we can't fault the service she has received. The staff and management are extremely caring and professional. Nothing is too much trouble for them. As a family we are all so glad that we found this home." Another said, "We have been very impressed both by the standard of care and by the warmth and friendliness shown by staff on all occasions. [Person's name] is not always easy to cope with, but the patience shown by members of staff is remarkable."
- People's diversity was considered within their care plan. For example, who they wished to be cared for by, any religious beliefs, what they enjoyed doing prior to admission.
- Staff spoke positively about people, showed they understood what and who was important to them. During handover staff were informed about people's emotional well-being as well as their physical well-being. Staff showed a sense of having developed strong bonds with people. They discussed what makes people happy and how they could achieve better outcomes for people with their caring approach.

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

- Before a person was admitted, wherever possible, the manager, deputy or provider always ensured they met with the person and discussed their needs and wishes to include in their care plan. If appropriate this also included their family's views and the views of other significant stakeholders. People confirmed they were involved in decision making in their every day life. One person said, "We can choose what we do." Another said, "They look after me very well, when I ask for something they organise it".
- People were asked whether they had any preferences with regards to the gender of their carers and these preferences were respected.

Respecting and promoting people's privacy, dignity and independence

- When people needed support, staff did this in a caring and respectful way, making sure they were aware of what was happening and checking they were happy.
- Staff spoke about ways they ensured people's dignity was upheld and we observed examples of how this was embedded into everyday practice. Checking people were comfortable, ensuring care and support was being delivered in the privacy of people's own rooms.
- A visitor said, "I have been visiting weekly for three years. The care is lovely, fantastic. [Person's name] can

be a bit difficult to hoist, she gets upset. I have observed staff and how they gently reassure her." Another relative said, "The staff are extremely kind and helpful to [person's name] and they have tremendous patience with someone who, at times, can be a difficult..."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as requires improvement, at this inspection it has improved to Outstanding. At the last inspection we found the service was not always responsive to people living with dementia. The provider took this feedback on board and had worked hard to ensure staff had enhanced training in understanding dementia. They have even begun a dementia academy, which will include continuous learning in different formats and in line with best practice and guidance.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service had gone the extra mile to find out what people have done in the past and evaluated whether it could accommodate activities and tried hard to make that happen. The activities person spent time getting to know each person, talking with them and their family and friends to truly find out what was important to the person. What could they incorporate into the person's life at the service which would enhance their lives and/or bring back memories of past adventures. For example, one person had a love of horses and horse riding. Staff researched a stable where the person could still ride. On weeks the person was too frail to ride, staff took them to see horses which belonged to a staff member, so they could still have the contact and help feed the horses. Another person was an avid reader and staff ensured they were taken to the library at least every two weeks to stock up on books. Many people were from the farming community and staff organised regular trips to the pannier market to see the livestock as well as trips out onto the moor to see the wildlife. This was often with picnics of their favourite foods.
- The activities programme was enhanced with the use of volunteers. Usually these were former families who wanted to give something back
- The service had a mini bus and additional staff to ensure trips out could be facilitated for people most days. The trips were geared towards people's ideas and what they had enjoyed doing in their past. For example, some people loved seeing the coast and enjoying an ice cream, others enjoyed local places of interest. People said they really enjoyed the trips and activities the service provided for them. It was clear people were engaged, happy and motivated to go out and about.
- Staff understood the importance of ensuring people's choice and preferences were known and wherever possible adhered to. Staff spoke passionately about making sure people had their care and support when they were most comfortable and at a time which suited them. To this end handovers were detailed, and staff were diligent in noting any changes to people's wishes.
- The provider was using innovative ways to assist people with dementia be able to participate in meaningful activities and have their views heard. They had recently purchased an interactive table which allowed people to use their hands to move pictures and objects. They believed this was a huge success and people who were previously difficult to engage became animated when seeing and using this touch table. They had also introduced a one page "what works, when best support? what is important, what doesn't work". This was in people's rooms and was given to families to add to. This gave staff a quick reference to



help them personalise people's care. The provider said feedback from new staff was, that it had given them much more confidence when looking after people."

- The service recognised the importance of ensuring people remained as independent as possible as this allowed them to have a greater control over their lives. They had employed a physiotherapist to ensure people had regular input and best practice guidance in keeping active and in using exercises to help people.
- Technology was being used to improve the lives and outcomes for people. The provider had recently installed a new call bell system. This allowed a bleep to go off to remind staff when people needed assistance to change position to help prevent pressure damage. They were also using sensor wedges to alert staff if people were on the move and may need assistance to stay safe. These were used instead of pressure mats because they found people were often stepping over these which could cause them injury.
- The service aim was to always follow best practice and national guidance. They had accredited dementia champions within the staff group. They were also a member of Purple Angels. This is a dementia campaign group whose primary aim is to enable people with dementia to live without prejudice and to have fulfilling lives. A 'dementia festival of music' planned for September with daily events planned around varieties of music.
- The service had looked at inventive ways to join the home with the local community. To this end they had developed strong links with the local school and had a shared project of raising chicks. This was enjoyed by all ages and gave a focus to visits. Children and people in the service also became pen-pals sharing what they were doing from week to week. This was a great channel for older people to recall their own childhood. It also meant the children were gaining an insight into the lives of older people.
- People's past hobbies and interests were honoured with trips to the local hunt, ladies days, trips to the garden centre
- Where people had voiced a view for change, this was addressed. examples being change to menus, décor and activities. Some specific direct positive outcomes included having raised beds so people could do some gardening and the start of a book club .

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and information was provided in different formats if necessary to meet the Accessible Information Standard. Where people wore hearing aids and spectacles, staff ensured these were in place, clean and working. For some people, they had found the use of symbols, flash cards, photos and pictures worked to help people make choices.
- The service offered holistic therapies provided through massage and aromatherapy. People living with dementia were offered 'well being' days monthly where the principle was for lower stimulation (subdued lighting, calming music, aromatherapy, warming wraps, massage and healthy enjoyable snacks / drinks, calm discussion and reminiscence – allowing a spa type experience). The impact for people was that they had an opportunity to relax and be pampered, which for some helped with agitation.

#### End of life care and support

- The provider understood the importance of providing the best possible care at the end of someone's life. This included working with the local hospice team.
- Staff were trained in the six steps as an end of life care framework and looked to support the person, their family, their own staff and other people appropriately when someone died.
- There was clear understanding and use of treatment escalation plans and proactive ordering and use of Just in Case boxes for people approaching end of life. These boxes contain any pain relief the person may need to keep them comfortable in their final days.

- There were many thank you cards and compliments which demonstrated the service had ensured people's end of life care was met with dignity and care. One said, "Thanks for all the care and attention you gave to our dad, especially during his final days. It was a relief to us to know you were there for him and made his last few weeks peaceful."
- The service had held funeral teas for people at their families request. This was seen as part of the end of life care and support .

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

- People and their relatives said they felt the service was responsive and listened to their views. They said they would be able to make their concerns known and be confident they would be addressed. One person said, "if I have any concerns I mention them to [name of care worker] in the morning when she delivers my paper, it is always sorted out."
- Relatives were confident their views were listened to. One said, "I raised an issue about flat tyres on [person's name]'s wheel chair, it was addressed and sorted straight away". Another said, "We had a problem with Mum's mattress, it had been switched off. I mentioned it and it was sorted, I would feel happy to raise any concerns I might have".
- It was clear from documentation, all complaints were taken seriously and addressed quickly including a written response.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question as rated good. At this inspection the rating remains good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Since the last inspection the registered manager had left, but a new manager who already worked for the provider had taken over. They were in the process of registering with CQC.
- The service had a clear, positive and open culture that was shared amongst the management team and care staff. People were very much at the heart of the service. People and staff told us they would very much recommend the service to others needing care. Staff were proud to work for Eastleigh and spoke highly of the manager and the provider.
- The manager and provider undertook a variety of quality audits to ensure the service was safe, responsive to people's needs and met regulations.
- Duty of candour was understood and when things went wrong they apologised and looked at ways to improve. For example, when there had been medicine error.
- The electronic system used for planning and reviewing care had a flag for when areas needed to be addressed which senior staff found useful. The system was being updated to reflect areas the staff team and management wanted to work further on. This included goal planning for the future. It was evident that staff at all levels were striving to ensure planning was person centred.
- The provider had an area management team who oversaw three services. Their role included looking at complex funding issues and audits of the service two to three times per week.

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

- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.
- Staff were extremely positive about how the manager and provider worked to promote a high-quality service.
- The manager and provider were aware of their responsibilities to provide the Care Quality Commission with important information. They had frequent contact with CQC to discuss areas of development and areas where improvement may be needed.

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

- People's equality characteristics were fully considered when planning and reviewing the service. This was

evident in the detailed and person-centred plans which considered people's holistic needs.

- The service used a variety of methods to engage and involve people using the service. This included meetings, surveys and one to one discussion with people.

Continuous learning and improving care; Working in partnership with others

- The service worked well with other organisations. They had good working relationships with local healthcare services and worked with them to achieve the best outcomes for people. This was supported by the views of healthcare professionals who were positive about the care and support this service gave to people.
- The manager and provider representative were proactive in ensuring their staff had ongoing and continuous learning to help them provide the best outcomes for people. They had recently developed a dementia academy which would include ongoing learning in different mediums to suit all learning styles.