

Mrs Rosalind Virasinghe

Eastside House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Eastside House is a residential care home that provides accommodation and personal care to older people, some of whom were living with dementia. At the time of the inspection there were 14 people living at the home.

People's experience of using this service: Where risk assessments were in place, these gave information and guidance to care staff on how to ensure people were kept safe from harm and to minimise risks. However, we found that where people had specific risks associated with their health and medical needs these had not been identified or risk assessed.

The service was not working in line with the principles of the Mental Capacity Act 2005 (MCA). Mental capacity assessments and best interests decisions had not been completed for people who had been assessed as lacking capacity.

Where people had been noted as lacking mental capacity and subjected to restrictions that could have amounted to a deprivation of liberty, Deprivation of Liberty Safeguards authorisations had not been applied for to ensure that people were being deprived of their liberty lawfully.

Care plans and associated records were not always current and reflective of people's needs and preferences. Although reviews of people's care had taken place, the care plans had not always been updated to reflect any significant changes.

People could access all areas of the home as they pleased and engaged in activities of their choice and preference. However, this could be further improved on to ensure people engaged in a variety of activities and outings to further enhance their well-being.

Management oversight processes were in place to check aspects of the service provision but these were not always effective because they had not identified any of the issues we found as part of this inspection process.

People were very happy living at Eastside House and told us that care staff were kind and caring. People knew the care staff well and had established positive relationships with them.

We observed that care staff also knew people well and delivered care according to their needs and preferences.

Relatives were complimentary of the care and support that their loved one received and found care staff to be attentive to their needs.

People were observed to enjoy the meals provided at the home. People were offered choice and we saw people had access to drinks and snacks throughout the day.

Medicines management and administration was safe. People received their medicines on time and as prescribed.

Recruitment processes followed by the service ensured that only those staff assessed as safe to work with vulnerable adults were recruited. Sufficient numbers of staff were available to support people safely.

People and their relatives knew who to speak with if they had any complaints or concerns and were generally confident that their concerns would be appropriately addressed.

Rating at last inspection: At the last inspection the service was rated good (report published October 2016). However, at this inspection we found areas of concern that required attention and improvement. The service has now been rated requires improvement.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We found four regulatory breaches during this inspection. We will ask the provider to submit an action plan detailing the steps they intend to take to ensure the required improvements are implemented. We will also continue to monitor the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 not always safe.
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our Well-Led findings below.

Requires Improvement ●

Eastside House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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: This inspection team consisted of one inspector and one 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.

Service and service type: Eastside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Eastside House can accommodate up to 16 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Prior to the inspection, we reviewed the information that we held about the service and the provider including notifications affecting the safety and well-being of people who used the service. We reviewed the Provider Information Return (PIR) which the provider had sent to us. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with six people using the service and five relatives to obtain their feedback on the care and support that they and their family members received. We also observed interactions

between people and care staff.

We spoke with the owner of the home, the registered manager, assistant manager, the chef, the kitchen assistant, the housekeeper and three care staff.

We looked at the care records of five people who used the service and medicines administration records (MARs) and medicines supplies for six people. We also looked at the personnel and training files of five staff. Other records that we looked at included risk assessments, staff meeting minutes, handover notes, quality audits and a sample of policies and procedures.



Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

Assessing risk, safety monitoring and management

- Where people had risks associated with their health or medical conditions, these had not been assessed.
- For two people who had diabetes, no risk assessment or guidance was in place for staff about the associated risks, the signs to look for and guidance for staff on how to keep people safe and well.
- For another person who had been prescribed a thickening agent to be used in their drinks, there was no information or risk assessment available in the person's care plan on why this person had been provided with this and what the associated risks were. When we highlighted this to the registered manager and assistant manager both were unable to tell us why the person had been prescribed a thickening agent and both stated that the person had been discharged back from hospital with this.
- The lack of information and guidance to staff meant that people may have been placed at risk of possible harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments that were in place addressed risks associated with supporting people with personal care, pressure sores, nutrition and hydration, mobility, falls and behaviours that challenged.
- Each assessment detailed the risk and the actions to be taken by the service and care staff to minimise or prevent the risk so that people were supported to be safe.
- Following the inspection, the registered manager informed us that a diabetes risk assessment had been completed for one person, and the original had been given to the ambulance service when the person had been admitted to hospital. For another person we were sent a completed diabetes risk assessment.
- Despite the lack of documented assessments, information and guidance, care staff knew people well and demonstrated a good awareness of people's risks. Where the thickening agent was to be used to thicken people's drinks, care staff and kitchen staff were knowledgeable of this and knew exactly how to use it.
- The service carried out building safety and equipment checks to ensure the safety of people living at the home.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living at Eastside House. One person said, "This place is very safe and useful." Relatives felt at ease and were assured that their loved one was safe and was looked after. One relative, when asked if they felt their family member was safe, told us, "Oh yes, she is well cared for."
- All staff could explain their understanding of safeguarding people from abuse and the actions they would take if abuse was suspected. One care staff stated, "Abuse should be reported straight away, we have a duty of care to report."
- Safeguarding policies provided guidance to staff on the processes to follow to record and report concerns and allegations to the appropriate authorities.

Using medicines safely

- Processes followed by the service ensured that people received their medicines safely and as prescribed. Medicine Administration Records (MARs) were complete. There were no gaps or omissions in recording.
- Where people had been prescribed medicines that were to be given 'as and when required' (PRN), a PRN protocol was available which gave direction and guidance on how and when to administer the medicine. PRN medicines can include painkillers. However, we did find some people, where they had been prescribed PRN medicines, a PRN protocol had not been completed. The assistant manager gave assurance that these would be put in place, where missing, following our feedback.
- Medicines were stored securely in locked medicines trolleys. Stocks of medicines balanced with records kept.
- Daily and weekly medicines audits had been completed to ensure that people were receiving their medicines safely and as prescribed. All staff who were authorised to administer medicines had received the appropriate training. However, the registered manager had not assessed care staff to confirm their competency in undertaking this task. The registered manager confirmed that this would be done going forward.

Staffing and recruitment

- At the last inspection in August 2016 we made a recommendation for the registered manager to ensure recruitment checks were fully completed prior to care staff starting work to confirm their suitability for the role.
- At this inspection we found that although the registered manager had carried out recruitment checks to ensure the recruitment of suitable staff, these were not always fully complete.
- Whilst checks included criminal records checks, proof of identification and conduct in previous employment, employment references were not always sought in a robust way.
- We found only one reference for one member of staff confirming conduct in previous employment and for another staff, the reference did not record who was completing the reference and in what capacity they knew the staff member due to be recruited.
- We brought this to the attention of the registered manager who gave us the assurance that this would be addressed going forward.
- Throughout the inspection we observed sufficient numbers of staff available to support people safely. People and their relatives did not express any concern around the numbers of staff available. One person told us, "I ring the call bell at night time and they come quickly."

Preventing and controlling infection

- All staff had completed infection control training. Care staff had access to personal protective equipment, such as gloves and aprons, to prevent and control the spread of infection.
- We observed that the home was clean and free from malodours.
- We saw that all food preparation and storage areas were clean and appropriate food hygiene procedures had been followed.

Learning lessons when things go wrong

- All accidents and incidents were documented. Records included the nature of the accident/incident, the actions taken and any follow up that may be required.
- The nominated individual explained that all accidents and incidents were reviewed immediately with the team so that safety measures could be implemented and lessons could be learnt to prevent further re-occurrences.



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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations had not always been met.

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.

- A DoLS authorisation was in place for only one person living at Eastside House. During the inspection we identified a further three people whose liberty may have been deprived. However, the appropriate authorisations had not been requested.
- We brought this to the attention of the registered manager, who explained that their understanding of applying for a DoLS authorisation was only when a person who lacked capacity was asking to leave the building. They had not recognised that anyone who lacks the mental capacity to consent to the arrangements made for their care or treatment, which can include restrictive practices such as locks on doors and use of bed rails, may be deprived of their liberty and so the appropriate protections of their rights needed to be in place.
- Where people may have lacked capacity, the service had not completed any mental capacity assessments to confirm this and where specific decisions had to be made in people's best interests, best interests meetings and the decisions made had not been recorded.

- We again asked the registered manager about why these had not been done. The registered manager explained that this was because a healthcare professional had told them they were not qualified to carry out mental capacity assessments and hence none had been completed.
- The service relied on health care professionals to complete these when required. The only capacity assessment we saw was for the person who had a DoLS authorisation in place.
- Care staff told us that they had not received any training on the MCA or DoLS. Any training that they had received was in previous roles and jobs. We asked the registered manager about this and they confirmed that training had not been delivered on these topics.
- At the last inspection in August 2016, we found that people's capacity to consent to care decisions such as the use of bed rails had not been completed. During this inspection, although we saw signed consent documents for the use of bed rails, we could not evidence that people, who had capacity, had signed to confirm that they had consented to the overall care and support they received. Where people lacked capacity, we could not see any record that relatives had been involved in the care planning process on behalf of the person.
- This meant that the provider was not always working in accordance with the MCA and might have been depriving people of their liberty without the legal authority to do so.

The above information meant that the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues we found above, we observed that people were always asked for verbal consent before being supported by care staff in aspects of their daily living. Care staff demonstrated a good understanding of the key principles of the MCA and how these were to be applied when supporting and caring for people in practice. One care staff explained, "If the resident has capacity or lacks we have to take decisions in their best interest, communicate with family. We can't assume a person lacks capacity. We are offering free choices. People can still answer yes or no or non-verbal gestures."
- Following the inspection, the registered manager sent confirmation to us that DoLS authorisation requests had been submitted to the local authority for a further five people.

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

- The registered manager carried out an assessment of people's needs to confirm that the home could effectively meet their needs and choices. One relative told us, "[Name of nominated individual] talked to us about the home, got all the information she needed. [Relative had a trial period, [nominated individual] helped a lot with the transition."
- Following the assessment, a care plan was written so that care staff would have access to information and guidance on how the person wished to be supported, taking into consideration any risks, special needs and requirements.

Staff support: induction, training, skills and experience

- Relatives told us that they believed care staff were appropriately trained and skilled in carrying out their role. One relative told us, "I think the people that I see have the same staff helping them. If I ask them how she [relative] has been they know the answers to the question they don't have to look at a book."
- Care staff told us and records confirmed that they received an induction when they first started work at the home which included a period of shadowing an experienced member of staff. Following this care staff were provided with regular training on a variety of topics which included health and safety, medicines administration, moving and handling and safeguarding.
- Care staff confirmed that they felt supported in their role and received regular supervision. However, records were not available to confirm this. Care staff had also not received an annual appraisal of their work. We spoke with the registered manager about this and they confirmed that appraisals had not been

completed. This meant that staff had not been given an opportunity to review their work practices and development needs through a formal process. The registered manager confirmed that these would be competed going forward.

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

- During the inspection we saw that people had access to a variety of drinks and snacks throughout the day. We saw and people confirmed that they enjoyed their meals and were always given a choice. People's feedback included, "Very nice food, I am happy with the food" and "They give me a jug of water in the morning, and I have two to three cups of tea in the day."
- Relatives' feedback about the food that their loved one received was overall positive. One relative explained, "I have been at the home and seen the food and it is far from inedible. She is given a choice of food and if she was unhappy with food, they [staff] would have gone out and got something for her."
- We saw people being supported to eat and drink with dignity and respect. People were encouraged to maintain their independence where possible.
- Where people had special dietary or cultural requirements, care and kitchen staff were aware of these and ensured people received safe and effective care according to their needs. However, these requirements were not always recorded in people's care plans. We highlighted this to the registered manager who confirmed that they would address this immediately.
- Care plans listed people's basic likes and dislikes in relation to food and drink but all staff we spoke with knew people really well which included their preferences of meal choices.

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

- Records confirmed that the staff worked effectively as a team within the home as well as in partnership with other agencies so that people received effective and consistent care.
- Daily handovers took place at the start of every shift and involved all care staff on duty. This supported effective information exchange about people and their health and care needs.
- We saw records confirming that people were supported to access a variety of health care professionals to ensure they were supported to live healthier lives. This included referrals to specialist services such as GP's, chiropodists, Speech and Language Therapists and the community mental health team.
- Relatives confirmed that care staff were attentive to people's health and care needs and that any changes in people's health were quickly picked up. One relative told us, "They are keeping an eye on her health. A few days ago, the GP prescribed antibiotic for her chest infection."

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

- All areas of the home were accessible to people using the service including the garden and outdoor spaces. Appropriate signs were available throughout the home to enable people to find their way around and locate their bedrooms and toilet facilities.
- People were enabled and supported to decorate their bedrooms as they wished.



Our findings

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

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 spoke highly of all the staff at Eastside House and told us that staff were kind, friendly and nice. Comments included, "They're all so nice to me", "They're all lovely and kind with us" and "The staff are gorgeous."
- We also asked relatives to give their feedback about whether they found care staff to be caring and whether their relatives were treated well. Relatives responded by telling us, "Our praise goes to all of the staff, they are very kind and friendly. I come and visit my [relative] every day", "Amazing care home, I can recommend to others" and "Very decent here, girls [staff] are very nice."
- At the last inspection in August 2016 we saw that interactions between care staff and people were occasionally task orientated. At this inspection interactions between care staff and people had improved. We saw that care staff knew people well. People had established warm and friendly relationships with people. We observed people asking care staff about their weekend and what they did. We heard one person tell a care staff who had not been at work over the weekend that they had "missed them." One relative told us, "They [staff] certainly know my mother who gets a high level of personalised care."
- Care plans recorded people's religious and cultural needs. Where people expressed the wish to practice their beliefs they were supported to access the appropriate service or arrangements were made, for example, for the local vicar to visit regularly.
- Care staff understood people's diverse and cultural needs and were keen to ensure that care provision was non-discriminatory and that people were supported according to their needs and preferences.

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

- People told us that they were always involved in day to day decisions about how they were supported. We saw this to be the case. People were seen to do as they pleased and what they wished and their decisions were respected by care staff.
- We saw care staff asking people what they wanted to do and how. Care staff took the time to explain what they were doing, ensuring people were always given choice.
- All relatives that we spoke with confirmed that they were involved in every aspect of their relatives care and were always kept informed and updated. One relative told us, "I've seen her care plan and they give daily

feedback. We are informed about her health." Another said, "I do feel involved in her care. I have seen risk assessments."

- Care plans recorded some basic information about people's likes and dislikes, needs and preferences. Although the records were not always detailed, we observed that care staff were very aware of people's needs and preferences and supported them accordingly.
- People knew that they had a care plan which detailed their needs and preferences on how they wished to be supported and cared for. People told us that their family or representative were involved in their care and had seen the care plan on their behalf. One person told us, "My family may have seen my care plan." Another person said, "I've not seen my care plan but my [relative] does things for me with the office."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that the staff respected their privacy and dignity. We observed staff knocking on bedroom doors and respecting people's dignity by closing curtains and doors during personal care. People had the option of having their doors left open or closed whilst in their rooms.
- Care staff understood the importance of respecting people's privacy and dignity and supported them in maintaining their independence where possible.
- We saw care staff encourage people to try and undertake certain tasks themselves only intervening where required. One person told us, "I get myself up and dressed and plan what to do." A relative felt that their relative had a "strong sense of independence" at the home.



Our findings

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

Requires Improvement: Care and support may not have always been provided in ways that was responsive to people's needs.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- At the last inspection in September 2016, we received mixed feedback about the provision of activities for people. We had made a recommendation for the service to consider further activity provision with a dementia focus.
- At this inspection we found that the service had not followed our recommendation as further improvements had not been implemented around the provision of activities.
- Although people and their relatives did not express any serious concerns around the provision of activities within the home, there was a lack of structured activities available for people to access which also included going out on trips and excursions.
- These types of activities were not normally made available to people which meant that they may not have known of the different types of activities widely available for them to participate in to further enhance their well-being.
- Activities observed during the inspection included a staff member helping two people with a jigsaw puzzle. Following this the staff member tried to engage people to do exercises. Another staff member showed a picture book to one person. Following lunch, we did not see any form of activity taking place. Four out of seven people, sat in the lounge, were sleeping.
- We did observe that some people engaged themselves in activity and stimulation that they enjoyed such as reading and gardening. One person told us, "I don't like to go to the lounge. I like to watch television and love reading in my room."
- Activity records detailed similar activities daily which included watching television, hand massage, listening to music, relaxing in the lounge, family visits and a weekly visit from an entertainer which included movement and exercise. There was no other variation to this.
- Relatives feedback about activities was mixed and included, "I think she gets what she wants. I think there are things going in the home, they have taken mum to the shops at her request, gardening is mum", "I don't think mum is stimulated. They are just plonked on the chair, there is an activity on a Tuesday but not great, but she doesn't want to do things" and "She likes to play scrabble, reading but don't like to watch television."

- Care plans contained information about the person, their likes, dislikes and wishes on how they wanted to be supported. However, care plans were not person centred.
- Care plans did not contain any life history or background information about the person. This meant that care staff may not have had access to important and relevant information about the person so that care, support and communication could be tailored based on what staff knew about the person and their history.
- Although people's care plans recorded some of their personal social and recreational needs and wishes, there was no further information available on any other activities that they would like to participate in so that the service could arrange for those needs to be met.
- Care plans did not always detail people's wishes on how they wanted to be cared for at the end of their life. The nominated individual told us that this was a sensitive topic to discuss and had found that most people did not want to discuss this. We were assured that the service would for the future, try and engage people and their relatives to discuss their end of life wishes.
- Care plans were reviewed monthly or sooner if any significant change had been noted. However, where reviews had taken place, the main care plan had not always been updated to reflect any changes that may have occurred.
- The registered manager and assistant manager explained that any change in the person's needs were available on the review record or on an overview care plan called 'Care plan daily action sheets'. However, this was not always the case and the care plan daily action sheet did not always record the most current information. This meant that people may not have been receiving care and support that was responsive to their current needs.

The above findings amount to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Where people had made the advanced decision to not be resuscitated or had decided that they wanted to be resuscitated, a decision had been clearly documented within their care plan. Records showed healthcare professionals, people and relatives, where appropriate, had been involved in these decisions. These decisions were easily available to staff and professionals when required.

Improving care quality in response to complaints or concerns

- People told us that they had no complaints to make. One person said, "No complaints at all so far." Another person told us, "No complaints. I'd speak to the manager if I am unhappy about something."
- Relatives told us that they knew who to speak with if they had any concerns or issues to raise and that where in the past this had been the case, their concerns had been dealt with immediately and appropriately. One relative told us, "We've had no complaints to make." Another relative stated, "[Name of nominated Individual] would be horrified if we had a complaint. My first point of call would be [name of nominated individual]."
- The service had not received any complaints since the last inspection. The nominated individual told us, "People and relatives come and speak to us. They know where we are."



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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were in place to check that the administration and management of medicines within the home was safe. Checks were also completed on the home's health and safety requirements. Where issues were identified these were addressed immediately.
- However, where we identified issues as part of this inspection process, these had not been identified through any of the registered manager's monitoring processes.
- Issues we found included a lack of individualised risk assessments for people, DoLS authorisations had not been applied for where required, mental capacity assessments had not been completed, care plans had not always been updated, the lack of sufficient person-centred detail within care plans, lack of varying activities provision within the home, appraisals had not been completed and the lack of records confirming staff members had received formal supervision.
- We asked the registered manager if they completed any checks or audits of care plans. The registered manager explained that they checked care plans, intermittently to ensure they were current and where amendments or changes needed to be made these were completed. The registered manager signed to confirm when amendments were made and we saw evidence of this. However, formal and a systematic programme of checks and audits were not completed.
- The lack of effective management oversight and incomplete records meant that people could be placed at risk of receiving care that was not safe, effective and responsive to their needs. This also meant that further improvements and learning could not be implemented.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Throughout the inspection we observed that people knew the nominated individual and the registered manager well. We saw people approaching them and all staff with confidence and engaging in day to day conversations with them. One person told us, "I know the manager, she is very friendly."
- Relatives also described the positive relationships that they shared with the management and staff team who they said were always available and approachable. One relative said, "The manager knows us because my mother in law was here. She is approachable. I can raise anything."
- Communication between people, relatives and the service was seen to be professional, open and transparent. One relative told us, "Communication is very good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to engage with the service and give their ideas and suggestions about how they should be supported through regular residents' meetings. Topics discussed included activities and meal choices.
- The nominated individual told us they did not hold any relatives' meetings, but they had an open-door policy and they communicated with relatives regularly through emails or meeting them when they visited. Relatives we spoke with confirmed this and told us they could always approach the management to discuss anything they wanted to. Relatives also told us of attending care review meetings regularly.
- In addition to the above, people and their relatives were also asked to complete annual satisfaction surveys as another way to give their feedback and suggestions about their experience on the delivery of care and support. Completed surveys were positive with no areas of concern raised. One relative wrote, 'We are more than satisfied with the care our relative [name] receives. With pleasure we upgrade our remarks to "highly delighted".' Another relative had written, 'Thank you to everyone for looking after [name of person] so superbly. He looks amazing these days. All down to Eastside House's fantastic and compassionate care.'
- Regular care staff meetings encouraged effective communication and gave staff an opportunity to raise concerns, make suggestions and share good practice. Staff told us that they were listened to and felt well-supported informally as well as through regular training, supervisions and annual appraisals. One staff member told us, "Very good managers, very supportive, I am happy here. They encourage us to attend training and to express what we want and need." Another staff member explained, "We discuss what we need to follow, what we need to do. I find them helpful. I say something that I saw not good and that's improved. I try my best and I do speak up."
- The service worked in partnership with other health and social care professionals including the GPs, opticians, dentists, dieticians, the community mental health team and chiropodists.
- The service had made links with the local community including local schools so that people had access to and involvement with members of the community and the services available. Visits from children from the schools were organised during Christmas and Easter.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider did not ensure that a variety of activities and meaningful stimulation were available, which meant that people did not always have access to these in order to promote positive well-being.</p> <p>Care plans were not always person centred, current and reflective of people's needs.</p> <p>People may not have been receiving appropriate care and support that was responsive to their needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person was not working in accordance with the Mental Capacity Act 2005 and were possibly depriving people of their liberty without the legal authority to do so.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

The registered person did not always assess risks associated with people's health and care needs. Sufficient guidance and instructions were not always provided to care staff to minimise or mitigate any such risks.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person did not have effective management oversight processes in place to assess, monitor and improve the quality and safety of the service.