Hillsview Care Services Ltd

Hillsview - Eastwood House

Inspection report

15-17 Eastwood Road
Ilford
Essex
IG3 8UW

Tel: 07506435350

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of this service on 12 April 2018. This was the first inspection since the service registered with the Care Quality Commission in February 2017.

Hillsview – Eastwood 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.

Hillsview Eastwood House is a 20 bedded service for people with mental health needs, learning disabilities, physical disabilities or dementia. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection, eleven people were living in the home, including one person who was receiving respite care for a short period.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run. The registered manager was not available on the day of our inspection but we were assisted by the general manager.

During our inspection, we found that people were not always supported to engage in individual activities of their choice. We have made a recommendation for the provider to look into developing more personalised activity plans with people because some people told us they did not have many things to do during the day.

Staff treated people with respect. People's privacy and dignity were maintained. We saw that staff supported people patiently and were attentive to their needs. They engaged with people in a kind and considerate manner.

People received safe care. Risks to them were identified and there was guidance in place for staff to minimise these risks. People were supported by staff who had received training to provide a safe and effective service. Staff knew procedures to follow to ensure people were protected from abuse.

There were sufficient numbers of staff on duty to provide care and support to people. Staff were recruited appropriately and the necessary pre-employment background checks were carried out to determine they were suitable to work in the home. They received training to enable them to carry out their roles.

Systems were in place to ensure medicines for people were administered safely and when needed. Medicines were stored securely and were only administered by staff who were trained.

Equipment and installations in the home were safe to use. They were maintained and serviced annually, although we noted during our inspection that a gas safety test was overdue. However, this had been arranged to take place the following day.

People lived in an environment that was clean, safe and suitable for their needs. Infection control procedures were in place. Accidents or incidents that took place were reported and lessons were learned to prevent any reoccurrence.

People's nutritional needs were met. Staff worked with health and social care professionals, such as community psychiatric nurses and GPs, to ensure that people remained healthy and well.

People were supported to have choice and remain as independent as possible. The service was compliant with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA and had received training on this.
People were involved in decisions about their care where they had capacity. Relatives and social care professionals ensured decisions made on their behalf were in their best interest.

People and relatives were able to provide feedback to staff on the quality of the service and make suggestions about what they wanted from the home.

Staff told us there was a positive culture and felt supported by the management team. They received regular supervision to monitor their progress and development in their work.

The registered manager had implemented systems to ensure the home was monitored regularly. Audits and checks on staff, records and the premises were carried out by the management team to maintain the quality and standard of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Risks to people were identified and guidance was provided on how to mitigate risks when supporting people.

The home was maintained to ensure it remained clean and any infections were controlled.

There were sufficient numbers of staff on duty. There were safe recruitment procedures in place.

Staff were aware of the steps to take to report any allegations of abuse.

Medicines were managed safely by staff and people received their medicines on time.

Any accidents or incidents were investigated, recorded and relevant action was taken.

Is the service effective?

Good

The service was effective. The provider was compliant with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

People's health needs were monitored effectively to ensure they remained in the best of health.

Staff were supported with training and received regular supervision and guidance.

People were supported to eat a balanced diet and their nutritional needs were met.

Assessments of people's needs were carried out to identify the support they required.

Is the service caring?

Good

The service was caring. People were treated with respect.

People and relatives were able to express their views about their care.

Staff knew people well and provided care with dignity and kindness. People's confidentiality and privacy was respected.

People were supported to remain as independent as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive. People did not feel they were able to pursue their hobbies and interests.

People's care plans were personalised and contained information about their preferences.

There was a formal complaints procedure, although no complaints were received by the provider.

The provider ensured information was accessible to people in a way they could understand.

Is the service well-led?

Good

The service well led.

Quality assurance audits took place regularly to ensure the service was safe and people's needs were being met.

Staff felt supported by the management team and were involved in meetings to discuss any concerns.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

Hillsview - Eastwood 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 checked whether the provider is 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 unannounced comprehensive inspection took place on 12 April 2018. The inspection team consisted of one inspector 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.

Prior to the inspection, the provider completed a Provider Information Return (PIR), which was submitted to us in March 2018. This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. Before our inspection we reviewed the information we held about the service. This included any concerns or notifications of incidents that the provider had sent us since registering with the CQC.

During our inspection we spent time observing care and support provided to people. We spoke with the general manager, a deputy manager and five care staff. We also spoke with five people who used the service and two relatives. We looked at five people's care records and other records relating to the management of the service. This included five staff supervision and training files, duty rosters, accident and incidents, health and safety, quality monitoring and medicines records.

Good

Is the service safe?

Our findings

People and relatives told us the service was safe. One person said, "I feel safe." Another person told us, "Yes, it's really safe." A relative told us, "It is definitely safe. Much safer for [family member] compared to where they were before." Another relative said, "I think it is safe yes."

Care was planned and delivered in a way that ensured people remained safe in the home. We found that risks to people were identified and systems were put in place to minimise these risk. Risks, such as falls, behavioural changes, the environment and medicines were assessed and control measures were in place for each risk. These measures provided guidance for staff on how each risk could be reduced or mitigated against. For example, one person, who was at risk of presenting behaviour that may challenge, had an assessment that stated they could pose a "physical and verbal aggression towards staff when anxious and confused." Staff were required to "be assertive but polite. Reassure [person] to calm them down and play music that they like." Staff were also required to be mindful of the person's mental health conditions which contributed to changes in their behaviour.

Other risks to people included the risk to one person of being financially exploited when out in the community. This was because they used cash machines by themselves and had mobility difficulties. Staff were required to monitor and supervise the person when they were doing this and support the person to engage in activities within the local community.

Systems were in place to safeguard people who used the service. Staff had received safeguarding training and were clear about their responsibility to ensure people were safe. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They felt confident that the management team would deal with any concerns they raised. One member of staff said, "[Registered manager] is very helpful and supportive. If I had concerns about people's safety or any issues, I would report it to them." There was a whistleblowing policy in place for staff to report any concerns they had to external organisations such as the police or the CQC.

People's finances were managed safely by the provider, where they had legal authority to do so and protected them from the risk of financial abuse. The service held money on behalf of all people, securely. We saw that monies were counted during the day when there was a handover of staff to confirm that the amounts were correct.

There were enough staff to provide support to people in the home and ensure their safety. There were four staff on duty in the morning and in the afternoon. The home also had a team leader or a deputy manager on site, who would supervise staff and manage the shifts. The team leader told us, "Yes, we have enough staff cover. We never feel rushed or under pressure." The provider was able to provide cover for when staff were on annual leave or due to sickness by using staff who were familiar with the home and the needs of the people living there. Due to the needs of people in the home, they were not able to go out on their own and staff accompanied them. These times were staggered to ensure enough staff cover was still available to support people in the home who had not gone out. The general manager said, "We use staff, including

deputy managers, from our other services so they can get to know our different care homes and service users. This also increases their skill levels to ensure we have the right mix of staff skills in the home."

The provider's recruitment process ensured that staff were suitable to work with people who needed care and support. This included prospective staff completing application forms and providing references. The necessary pre-employment safety and background checks had been carried out before they began to work with people. This included proof they were legally entitled to work in the United Kingdom and checking they had no prior criminal convictions.

The premises were maintained daily and health and safety checks were carried out. The home had window restrictors fitted to ensure that when they were opened, they were not opened too widely, which would prevent any accidents occurring. However, we noted that annual service checks were due to ensure the home's gas supply was safe. The supply was last serviced in November 2016 and was required to be serviced again in November 2017. This meant that it was overdue by five months. We were concerned about this and raised it with the general manager. They told us that this had been missed and a service was planned to be carried out by a gas safety professional the following day. The manager provided us with a copy of the completed gas service record a few days after our inspection, which showed that the home was complaint with gas safety regulations. They also sent us portable appliance test (PAT) records which tested that equipment, such as electrical equipment, were in good working order. Mobility equipment such as hoists and wheelchairs were regularly serviced and maintained as per the manufacturer's guidance.

We saw other records of electrical and water checks, which ensured that the premises were safe for people and staff. Any harmful materials or liquids (COSHH) were stored securely in a locked cupboard. The kitchen area was clean and appropriately maintained with checks done by staff. Any perishable food was labelled and stored at the correct temperatures to ensure they remained fresh. We saw that the home had achieved the maximum food hygiene rating after a recent inspection, which meant the provider was complying with food health and safety regulations.

Systems were in place to control or prevent the spread of infections. For example, staff had received infection control training and used protective equipment such as gloves and aprons when providing personal care. The environment was tidy and was cleaned daily, although we noted that some of the carpets and sofa's had a few stains that required further cleaning. The general manager told us further maintenance would be carried out by the provider's contractors and maintenance team and this would be checked.

Accidents or incidents that had occurred in the service were reviewed to ensure action was taken to prevent reoccurrence. For example, the general manager told us that following an incident, staff did not immediately contact the relatives of a person, which led to some misunderstandings. The general manager said, "We learnt that little things need to be checked all the time and that the family must be contacted so they are aware of what is going on."

Staff were aware of the procedures to follow in an emergency should a person require immediate assistance or in the event of a fire. Each person had a personal emergency evacuation plan detailing how to assist them in the event of an evacuation being necessary. Fire drills and fire alarm tests took place to ensure systems were working effectively. There was an on call system for emergencies and members of the management team were available at any time to respond to calls from staff.

People received their prescribed medicines safely and at the times they needed them. Medicines were administered by staff who had received training. Staff were assessed on their competency to manage medicines and checks were carried out weekly to ensure medicines had been administered and recorded

correctly. The pharmacy that supplied the home with medicines carried out unannounced audits of the home's records to check that all medicines were being used as prescribed. The storage, supply and disposal of any unused or expired medicines were carried out appropriately and safely.

All people had Medicines Administration Records (MAR) charts in place, which contained the medicines they were prescribed, the time they needed to have them. We saw that MAR charts were up to date. They contained people's personal details to help identify them. MAR charts were signed by staff after each dose was administered. We observed a medicine round and saw that staff administered people's medicines safely by taking the medicine from a blister pack and putting it in a cup or in the person's hand for them to take. The staff member said, "We pop the tablet from the pack straight into the cup, so that we don't touch it." Blister packs were colour coded to notify staff the times of the day they needed to be administered. A relative told us, "The staff are good with the medication. They make sure [family member] gets it when they need it."

Medicines were stored in a locked trolley that was only accessed by staff responsible for administering. Controlled drugs (CD), which are medicines that are at risk of being misused, were stored safely in the home, in a locked cabinet in the manager's office. Records of CD checks were up to date and verified by staff. There were procedures in place for medicines that were to be administered when required (PRN), such as painkillers. Where people's medicines were reviewed or changed, we saw the appropriate documents from the person's GP, to show this was approved.

Good

Is the service effective?

Our findings

People and relatives told us they were supported by staff who had received appropriate training and were able to meet their needs. A relative said, "They are very professional and seem well trained." Another relative told us, "The staff are very good, very nice and helpful."

We found that staff were knowledgeable about people's individual care and support needs. We saw that staff had received training that was relevant to their role and in a number of key areas. Staff had received training in topics that included safeguarding adults, food hygiene, Mental Capacity Act, mental health awareness, health and safety, infection control, dementia care and learning disability awareness.

There was an induction programme for new staff which took place over three days and included training in mandatory topics such as safeguarding adults, shadowing experienced or existing members of staff and getting to know people who lived in the home. A member of staff told us, "I have done my training. I had an induction which was very helpful when I started. I am doing my NVQ level 3 at the moment." Training included Care Certificate standards. The Care Certificate is a set of 15 standards and assessments for health and social support workers who are required to complete the modules in their own time.

Staff told us that they received supervision from the registered manager or the general manager. During supervision, staff were able to discuss any concerns they had, such as work related issues, their attendance, training needs and targets for improving their performance. One member of staff said, "The managers are supportive and the staff are nice and friendly." Annual appraisals were scheduled for staff to review their overall performance and highlight any further development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised by the Court of Protection. 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 DoLS. Systems were in place to ensure that people were not unlawfully deprived of their liberty. Some people living in the service had a DoLS in place. The registered manager had made applications for the renewal of people's DoLS before they were due to expire. They were aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. Staff were clear that people had the right to make their own choices.

Capacity assessments were carried out using the MCA principles and where people did not have capacity, a best interest meeting was held. We saw records of best interest meetings between social care professionals, family members and care staff which helped determine any decisions required on behalf of the person. Each

person had a care plan which documented decisions made. However, some people we spoke with had not seen their care plan. One person said, "I have never seen my care plan, they've got it in the office I believe." The general manager told us that people were entitled to see their care plan but did not always have capacity to consent or agree their contents. We noted that most people in the home required best interest assessments or their family members or appointees agreed care plans on their behalf.

Staff told us they asked people's consent before they carried out tasks. People's human rights were protected and staff had received training in equality and diversity. This helped them be aware of people's preferences and backgrounds, such as their sexuality, religion or ethnicity and treat people equally and as individuals. One staff member told us, "Everyone here is respected. We don't discriminate against them."

We saw that there were appropriate transition arrangements in place for when people moved into the home or moved out of the home, following short term respite care. People's needs were assessed before they moved into the home. Information was obtained from other care professionals, social workers and relatives. Assessments contained a one page guide for staff called a Contingency Plan, which contained important information for staff to know about the person. For example, one person's plan provided brief details of their health condition and specific areas that staff were required to support them with. For another person, guidance in the plan stated, "Staff must prompt and encourage [person] to eat a sizable portion of food because [person] is prone to weight loss."

Staff completed daily care records for each person and shared information during handovers between shifts, so that all staff were aware of any issues and what actions needed to be taken. We observed a handover meeting between staff in the afternoon and saw how staff discussed the wellbeing of each person living in the home, how they were feeling, what they did during the morning and what plans each person had for the rest of the day. Senior staff, including the deputy manager, attended the meeting and they provided additional guidance and tips for other staff to follow when supporting each person. This meant staff were provided with the information they needed to understand each person's support needs and how they could help them.

People's nutritional needs were met and they were provided with a choice of suitably nutritious food and drink. People and relatives told us that meals were healthy and varied. There was a menu available which was placed on a noticeboard so people knew in advance what was going to be served at mealtimes. There was a separate menu for people who were vegetarian. The menus offered choices to people for their meals. People were also supported to have meals that met their needs and preferences, including any special diets, such as soft and diabetic diets. One person said "I really enjoy mealtimes and my nutritional needs are met because they provide vegetarian options." People were asked each day what they wanted for their breakfast and lunch, should their requests change.

We observed staff serving lunch and saw that people were able to eat independently. When there were concerns about a person's weight, diet or ability to swallow food, records showed that advice was sought from the relevant healthcare professionals. Food and drink were served at suitable temperatures which were recorded by staff, to ensure they were not too hot or too cold for people to consume.

People's healthcare needs were monitored and they had appointments with health and social care professionals such as GPs, nurses, speech and language therapists and mental health practitioners, when required. Care plans contained the contact details of the relevant professionals that the person usually had appointments with. There were records of health appointments and the outcomes in people's care plans. People were visited by district nurses or community psychiatric nurses (CPN) when required, who carried out nursing care for people. For example, we saw monitoring records that showed injections were

administered by the person's CPN. A relative told us, "The staff seem to be making sure my [family member] gets to see the doctor or nurse. They look out for people and take care of them."

There was appropriate signage and adaptations around the premises, which was a large house in a residential area. There were communal areas such as a dining room, living room and a garden which people could use to sit outside in suitable weather. The environment was suitable for people with mental health needs, dementia, learning disability or physical disability needs. People with mobility difficulties had enough space to get around. Mobility aids such as adapted baths, showers and hoists were fitted in the home for people to use safely and according to their needs.

Good

Is the service caring?

Our findings

People and relatives told us staff treated them with dignity and respect and that they were caring. One person said, "Yes staff are kind to me and they treat me with dignity." Another person told us, "Staff are gentle with me when attending to my personal care." Relatives were happy with the level of care received by their family members. One relative said, "The staff are very caring. I am happy with the care for my [family member] who is looked after very well."

We saw that staff supported people in a kind and gentle way. They were friendly and patient when speaking with people. We observed how they supported one person who was distressed and wanted to speak to their relative who would be visiting later in the day. Staff calmly explained to the person why their relative was not there yet and reassured them that their relative would telephone [person] as soon as possible. Staff also offered an alternative and said if their relative did not call; a member of staff would call the relative instead for them both to speak to each other. This put the person at ease and she became less distressed.

Staff had a positive relationship with people and understood their habits and daily routines. They explained what they were doing when assisting the person and did not rush them. This helped people to relax and enjoy staff's company. One person told us, "Staff take time to talk to me and I feel listened to." A member of staff told us, "I try to talk to people slowly, patiently and nicely. We have to be polite and caring and I make sure I help a resident when they are upset. I have got to know everyone here well."

People were encouraged to remain as independent as possible and to do as much as they could for themselves. For example, one person's care plan said, "[Person] can bathe themselves and staff are to give [person] privacy. [Person] can also dress themselves but staff are to give [person] one item of clothing at a time." A member of staff told us, "We encourage people to be independent as much as they can."

Staff ensured people's privacy was respected. They told us they closed doors and curtains when providing personal care. One person told us, "They [staff] wash me every morning and I do get fed." Other comments from people included, "I like living here" and "The staff wash you and clean you and you can go to them if you have a problem." A member of staff said, "When providing personal care, I make sure knock on the person's door first and then let them know what we are going to do. I make sure I give privacy as well."

Relatives told us they were involved in developing and reviewing the care plans for their family members when they were able. A relative told us, "Yes we are involved . The home contacts us or we contact the home. Carers are really nice and welcoming." Relatives told us they could visit the service at any time were made to feel welcome.

Any cultural and religious needs people had were identified and respected. For example, one person's care plan stated that, "[Person] likes to watch Asian TV channels. Staff are to access the channel through the internet." People were also supported to attend places of worship so they could practice their religion. Some staff also spoke the same first language as some of the people in the home which meant they were able to communicate with them effectively and understand their needs.

Staff respected people's confidentiality. People's personal information was kept securely in the registered manager's office. Staff ensured they did not share people's personal information without their consent and adhered to the provider's data protection policies. The registered manager knew how to access advocacy services, to enable people to air their views and to ensure their human rights were protected.

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us the service was responsive and said that they were satisfied with the care their family members received. A relative told us, "The staff are friendly and keep us informed." Another relative said, "I contact the home if I need to know anything and they will tell me."

Staff supported people to maintain relationships with friends and family. One person said "My wife visits me three times a week and brings me food and colouring books." However, people gave us mixed feedback about how they were supported to maintain their hobbies and interests. One person said, "There's nothing to do all day but watch TV." Another person told us, "I walk around the back garden, listen to music. They don't offer any activities."

We looked at how people were supported with activities. During the day, we noted that staff accompanied people to local shops and on the bus. For most of the morning and afternoon however, we saw that the television was always on in the lounge and some people sat together to watch it or completed puzzles on their own. We did not see much individual interaction with people to help them pursue specific interests.

There was an activity plan on display in the home for group activities such as board games, travelling on public transport, bowling, karaoke and chair exercises. Individual activities for people were also on the plan but the activity was not specified. Another person told us, "I like staying up late and going out late. I can't do that here."

We spoke with the general manager about activities and they told us that activities took place and people were encouraged to take part in them but did so out of their own choice. Records showed that activities were monitored by staff who compiled reports of group activities such as bingo, sit down exercises and bowling. The reports stated that most people took part but some people were uninterested and did not take part or became interested later on and decided to participate. However, there were no reports of individual activities that were specific to people's hobbies and interests.

People's care plans did not always specify what their interests were. For example one person's care plan stated, "Staff to help [person] pursue their hobbies and interests" but did not elaborate on what these interests were.

We recommend that the provider looks into best practice guidance on establishing individual activity plans with each person in the home to ensure they were more supported to pursue hobbies and activities of their choice.

We saw that photographs of people socialising together within the home and on day trips had been taken but they were not on display. We recommended that these could be put up on the walls in the home in communal areas for people and relatives to see, as it would help foster a more inclusive, friendly and relaxed atmosphere. The general manager told us that they would consider doing this.

People had their own room which had the required adaptations in place according to their needs. Rooms were clean and had been personalised with their pictures and belongings. A relative told us, "My [family member's] room is always clean and tidy when I visit."

The provider had invested in technology such as an alert system, where people could call for assistance by pressing a call bell attached to their beds. Alerts were heard through a display unit that was installed throughout the building, which notified staff of the room number it was coming from. We saw that staff were attentive and responded in a timely manner when checking to see what help a person required. The general manager told us the provider would be looking to develop the home and use more technology in the future.

People received care and support that met their individual and changing needs. Each person had a care plan which contained information about their likes, dislikes and care requirements in a document. The care plan contained separate sections on different care or lifestyle needs, such as the person's mental health, social inclusion, finances, personal care, medicines and relationship requirements. One person's care plan stated, "I will like to be supported and enabled to develop new skills to engage in social interaction. I want to access clubs and place of interest." This helped staff deliver a person centred service to people and respond to their requests and needs.

Personalised care plans were developed and reviewed each month or were updated when needed. Multi-disciplinary reviews of people's care needs took place with professionals, such as mental health practitioners and GPs, to ensure that the person remained satisfied with their care and the home was still able to meet their needs. There was a keyworker system in place, which meant people were allocated a member of staff, who took responsibility for arranging their care needs and preferences and obtain their feedback. Staff completed records of key work meetings and what was discussed so that people's health and welfare was monitored. Changes to people's needs were communicated to staff at team meetings and handovers to enable them to respond to people's current needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint.

People were supported and encouraged to raise any issues they were not happy about and an easy to read complaints procedure was displayed in people's rooms. People and relatives were supported to raise any concerns or complaints. A relative told us, "I would speak to [registered manager or the other manager. I don't have any reason to complain." We saw that there had not been any complaints since the service registered with the CQC. However, people gave us mixed opinions about the complaints process and one person said, "I am not sure how to complain." Another person told us, "I don't really know how to make a complaint normally; I just go and see the manager. The manager normally tries to help me as much as she can. She is good in that respect. I think the manager is very nice and productive, I've always got on with her."

Staff told us they were aware of the complaints process and also recorded any feedback in a communication book. We saw that this was the case and that feedback could also be obtained from people and relatives from a suggestion box to help staff respond to them positively to help improve the service. For example, people requested more outings when the weather improved and we saw that this was being planned.

Staff told us they were able to communicate with people well and engage in conversations. Where people

were less able to express themselves verbally, staff used gestures, body language and spoke more slowly so people could hear them. One staff member said, "Some of us know Hindi so we can chat with one person easily. With other people we just talk normally and we understand each other. Sometimes we might need to point to things so they are clear what we mean."

Good

Is the service well-led?

Our findings

The registered manager was unavailable on the day of our inspection. They were also responsible for two other Hillsview Care homes in the local area that were of similar type to Eastwood House. They were supported by the general manager who also managed the other services.

The general manager told us the homes were managed by communicating with all staff on a daily basis. They said, "All the services work together and support each other, if one service needs more help. Eastwood House is our newest home. It was quiet at first but we slowly got more people referred here. We aim to grow and fill the home." A team leader or a deputy manager was available when the registered manager or general manager was not present, to monitor staff and people in the home and ensure they were safe.

Staff told us the service was well led and the management team was friendly and approachable. They took part in staff meetings to discuss any concerns and issues. One staff member said, "The managers are really good, very helpful and supportive. There is always a senior on each shift." Meetings between staff took place and they were able to discuss topics with senior staff, such as policies, procedures, training, people in the home and infection control. We noted that where staff did not carry out their roles appropriately or did not conduct themselves professionally, this was discussed to ensure staff were mindful of their responsibilities. The general manager told us, "Where we have had issues we have sorted these out. We have excellent staff here, I am very happy with them."

People were able to participate in meetings with other people living in the home and with staff to discuss their preferences and share any issues or concerns they had or suggestions to help improve the service. People and relatives were positive about the management of the service. One relative said, "I think the managers are very nice and caring. They talk to me when I visit. I know who they are. It's a good home." Another relative told us, "The staff are caring and attentive. The environment is warm and friendly and people are care for. It's well managed." However, one person said, "The managers are not that good. When I go to them with a problem they don't deal with it." The general manager told us, "We take all complaints or concerns seriously and we try our best to make sure everyone is happy."

The service worked in partnership with other professionals and organisations to improve and develop effective outcomes for people. Compliments were received from health and social care professionals, visitors and relatives. One comment from a professional was, "The service meets people's needs. There is good communication with them and my team. I get full feedback every time I visit." A relative commented, "Polite, helpful staff. I am impressed and the residents seem happy and content." Another relative had written, "[Family member] has settled. He is happy and clean, is taken out for shopping and gets regular meals and medical attention." The registered manager or general manager participated in provider forums held by the local authority, to discuss topics such as DoLS and best interest assessments, to share learning and best practice.

There were clear management and reporting structures. The management team monitored the quality of the service provided to ensure people received the care and support they needed. Audits were carried out to

check all areas of the service, such as the safety of the environment, care plans, people's medicines, finances, daily records and staff training. However, we were concerned that the management team had not arranged the gas safety check as soon as it was due. The general manager told us this was an oversight and they would ensure subsequent annual service checks would be carried out on time in future.

The management team also carried out checks and observations of staff during the day and at night to ensure they were following the home's procedures. Staff were required to read the home's procedures and sign a document to confirm that they understood them. Annual questionnaire surveys were in the process of being sent to people and other stakeholders, such as relatives as the service did not start operating fully until April 2017. The registered manager notified us of serious incidents that took place in the service, which providers registered with the CQC must do by law.