

Susash GB Ltd

# Eagle House

## Inspection report

43 Stalker Lees Road  
Sheffield  
South Yorkshire  
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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 30 October 2018 and was unannounced.

Eagle House is a 'care home'. 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.

Eagle House is registered to provide accommodation for people who require nursing or personal care. The service can accommodate 46 people and predominantly provides care and accommodation for people who have enduring mental health needs or require nursing care. Accommodation and nursing care is provided over two floors in the main building. There are also four bungalows for people who are more independent. Each bungalow can accommodate up to four people. At the time of our inspection there were 38 people living at Eagle House.

Our last inspection of Eagle House took place on 13 November 2017. We rated the service requires improvement and we found there were two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a breach of Regulation 9; person-centred care because people's care records did not always accurately reflect their needs and staff did not adequately document the support they provided to meet people's needs. There was a breach of Regulation 17; good governance because the provider had not acted upon feedback provided by stakeholders to drive improvements to the service and the provider's own audits were not always effective in identifying issues which needed to be acted upon.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service to at least good. Although the service had started to make some improvements since the last inspection, at this inspection we found the service continued to be in breach of Regulations 9 and 17. We also identified a breach of Regulation 18; staffing.

There was a registered manager employed at Eagle House. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us staff were kind and caring. Staff knew people living at Eagle House very well. People told us staff responded promptly when they needed support, however, some staff told us they felt more staff were needed on each shift.

The provider had failed to ensure staff received appropriate training, supervision and support to enable them to carry out their role effectively. The provider had not taken adequate steps to ensure staff were up to date with their training and staff did not receive regular supervision. The provider's recruitment procedures required improvement, to ensure staff employed were thoroughly assessed as suitable to work at the

service.

People told us they felt safe at Eagle House and people's relatives raised no concerns about their family member's safety. However, the risks involved in receiving and delivering care were not consistently assessed and kept under review.

Staff understood what it meant to protect people from abuse. They knew how to report unsafe practice. Staff were required to complete safeguarding vulnerable adults training however, at the time of this inspection, not all staff were up to date with this training.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

People told us they enjoyed the food served at Eagle House. The cook was flexible and accommodating and considered people's dietary needs and preferences.

People's care needs were not always accurately assessed and some people's care records needed updating to help promote the delivery of person-centred care. We saw plans were in place to improve care records.

Some people had not received appropriate care to meet their personal care and hygiene needs.

Staff were required to complete training in the Mental Capacity Act 2005, however most staff were not up to date with this training. We observed staff support people to make decisions about their care and they obtained people's consent to care and support throughout the day of this inspection. The provider's policies and systems supported this practice.

The provider had a complaints procedure in place. People told us they were confident in reporting any concerns to staff and the registered manager.

The provider had employed an activities coordinator since the last inspection. We observed various activities taking place during the inspection which people enjoyed. The activities coordinator supported people to participate in a range of activities, both in groups and on an individual basis.

Staff understood their roles and responsibilities in relation to infection control and most areas of the building were clean, however, some areas needed to be checked more frequently. We have made a recommendation about cleaning schedules.

The provider had various quality assurance and audit systems in place to monitor and improve service delivery. Some of these audits were effective at driving improvements to the service, however, others did not ensure satisfactory actions were taken. Some key areas of the service were not audited or reviewed.

The registered manager had recently started using satisfaction surveys to obtain feedback from people using the service, however, this system was not yet embedded.

The provider did not always act on feedback about the service from stakeholders such as the local clinical commissioning group and local council.

This is the second consecutive time the service has been rated requires improvement. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Staff were aware of their responsibilities to safeguard vulnerable adults. However, not all risks to people were properly assessed and kept under review.

People received their medicines as prescribed. There were systems in place to support the safe ordering, administration, storage and disposal of medicines.

The premises were generally clean however we have made a recommendation about cleaning schedules.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People's needs were not always accurately assessed and reviewed at appropriate intervals.

People were positive about the food at Eagle House, which catered for their dietary needs and preferences.

Staff did not receive appropriate training, supervision and support to enable them to carry out their roles effectively.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People were not always appropriately supported with their personal care and hygiene needs.

People living at Eagle House and their relatives provided positive feedback about the staff working at the service.

Staff knew people well and were familiar with people's likes and dislikes.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Not all care records were reflective of people's current care and support needs. There were plans in place to address this.

People had access to a range of activities, both on an individual and group basis.

The provider had a complaints procedure in place and people were confident in raising concerns about their care.

### **Is the service well-led?**

The service was not always well-led.

The provider did not always act on feedback about the service from stakeholders such as the local clinical commissioning group and local council.

The systems and processes in place to monitor and improve the quality of the service were not always effective in driving improvements.

Some key areas of the service were not audited effectively.

**Requires Improvement** 

# Eagle House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on 30 October 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, a Specialist Advisor and an Expert by Experience. The Specialist Advisor had clinical experience of nursing care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience in caring for people with a learning disability and mental health needs, with behaviour that challenges.

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

Prior to this inspection we received several complaints from whistleblowers regarding staffing levels and high use of agency staff. As a result, we brought this inspection forward and these areas of concern were looked at during the inspection. Due to the timescales this meant we did not ask the provider to complete a Provider Information Return (PIR). The PIR 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.

Before this inspection we contacted social care commissioners who help arrange and monitor the care of people living at Eagle House. They told us they had been closely monitoring the service and had been supporting the provider to make improvements to the service. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They had not received any information of concern about the service.

During this inspection we spoke with 10 people living at Eagle House and three of their relatives. To help us

understand the experience of people who could not talk with us, we used an observation method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care.

We spoke with 13 members of staff who worked at Eagle House. This included three care assistants, two nurses, a team leader, three members of the housekeeping team, the activity coordinator, the administrator, the deputy manager and the registered manager. We also spoke with the area manager who was visiting the service on the day of our inspection.

We looked at six people's care records, two medication administration records and three staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

# Is the service safe?

## Our findings

Staff assessed the risks involved in the delivery of care to people, such as risks involved in moving and handling and risks associated with behaviour that challenges. However, risks were not assessed consistently throughout the service and they were not always reviewed in a timely manner. For example, some people's risk of falls was assessed and staff were provided with guidance about how to reduce those risks. However, in one care record we saw there was no risk assessment in place in respect of falls, despite the person having experienced numerous falls over a period of several months. It was not clear from this person's care file what action the service had taken to reduce this risk. Following the inspection, the registered manager provided documents which confirmed the individual had been referred to the falls team on several occasions for support to reduce the risk of falls. They confirmed a risk assessment had been put in place immediately following the inspection.

People living at Eagle House told us they felt safe. Their relatives raised no concerns about their family member's safety. Relatives commented, "Yes, [relative] is safe here. Well 99%, you can never say always, but I don't feel they have anything to worry about", "I have peace of mind with [relative] being [at Eagle House]. It gives me chance to get on with life knowing that [relative] is well cared for and that if they need me, [staff] will let me know" and "I know now [relative] is safe and looked after."

People were kept safe from abuse and improper treatment. The service had safeguarding adults at risk policy in place. Staff we spoke with could explain what possible signs of abuse may look like and what they would do if they suspected abuse had taken place. However, some staff members' training in this area was not up to date at the time of the inspection. The registered manager confirmed in the week following the inspection that all staff were now up to date with this training.

The registered manager kept a record of all safeguarding concerns raised with the local authority and they notified the CQC of any incidents or allegations of abuse. However, there was no log kept of the referrals they made, which meant it was difficult for the provider to maintain an overview of all safeguarding concerns raised. This would have helped them to identify any trends and common causes. During the inspection a staff member told us about a concerning incident they had witnessed a few days earlier. When we checked with the management team, they had not referred this incident to the local safeguarding authority. The registered manager made this referral immediately after the inspection, however, this demonstrated that concerns were not always acted upon promptly.

The registered manager reviewed all accident and incident records each month to try to identify any trends and any action they could take which may reduce the risk of similar incidents occurring. The provider was in the process of implementing a new analysis tool which would improve their ability to learn from accidents and incidents and make improvements when things went wrong.

People living at Eagle House and their relatives were satisfied there were enough staff deployed to keep them safe. One person told us, "I'm safe here. I have a button and if I fall... they come right away and make sure you're ok." Some staff members told us they did not think there were enough staff and we were told



some staff frequently failed to attend shifts due to sickness. The service used agency staff to maintain staffing levels when permanent staff members were on leave or unwell. The registered manager accepted that staff sickness was at a high level. They told us they were taking steps to address the issue and hoped, as a result, use of agency staff would decrease so that people could be consistently cared for by permanent staff who knew them well. The provider used a dependency tool to calculate how many staff were required on each shift. Dependency levels were reviewed by the registered manager every month or sooner if people's needs changed. Staff rotas confirmed staffing levels were maintained.

Improvements were required to the provider's recruitment practices to ensure the staff employed were suitable to work at the service. Staff files contained an application form, at least two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions. The registered manager also checked each nurse's professional registration to ensure they were fit to practice.

However, one of the staff files we checked did not contain the staff member's full employment history, along with a satisfactory written explanation of any gaps in their employment. This is required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed this with the registered manager who confirmed they had started using a new application form and interview template in August 2018 and staff recruited after that date had been asked to provide information in accordance with Schedule 3. The provider agreed to arrange a review of all staff files to ensure they were compliant with the regulations and staff recruitment decisions were safe.

Medicines were obtained, stored, administered and disposed of safely by staff. People were receiving their medicines as prescribed by their GP and the service had appropriate policies and procedures in place to support staff in managing medicines safely. People's care records contained sufficient detail about their medicine requirements and the support they needed from staff in this area. Staff were given guidance about how and when they needed to administer prescribed medication to people living in the home, including medicines that were prescribed on an 'as required' basis.

Staff were trained to administer medicines and the staff we spoke with were knowledgeable about the procedures they needed to follow. During this inspection we observed the staff member administering medicines to be patient, calm and professional. Since the last inspection, the provider had introduced competency checks for staff who administered medication. This helped to ensure staff followed the correct procedures and that any areas of poor practice could be identified and acted on quickly.

Staff understood their roles and responsibilities regarding infection prevention and control. Staff told us improvements had been made to the cleanliness of the home over the last few months and we saw the building was generally clean. However, hand-wash and paper towels were not always readily available in toilets and bathrooms and we were informed by relatives that hand-wash had not been available in people's en-suite bathrooms for around a month prior to the inspection. We observed there was a presence of malodour in some areas of the service. We recommend the provider reviews its cleaning schedules and replaces any items of furniture that cannot be sufficiently cleaned.

## Is the service effective?

### Our findings

The provider had not ensured staff received appropriate training, supervision and support to enable them to carry out their roles effectively. The provider required staff to complete training in areas such as safeguarding vulnerable adults, moving and handling, fire safety, health and safety, mental capacity, equality and diversity and infection control. However, when we reviewed the service's training records, it showed many staff had not completed the training the provider considered to be mandatory within the required timescales. In the week following the inspection the registered manager confirmed that staff had since completed some of their overdue training, however, this had not been managed effectively prior to the inspection.

The provider's supervision policy said staff were required to be supervised six times per year. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. The provider's records showed staff had not been receiving supervision at the frequency required by the provider and some staff told us they had not received any supervision for at least a few months. Some staff also informed us they did not receive adequate support when they raised issues with the management team about situations where people displayed challenging behaviour towards them. Staff felt management did not take sufficient action to protect their wellbeing.

As the provider had failed to ensure staff received appropriate training, supervision and support to enable them to carry out their roles effectively this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; staffing.

At the last inspection we found a breach of Regulation 9; person-centred care. People's care records and assessments did not always accurately identify their needs which meant people did not always receive person-centred care. At this inspection we found some improvements had been made, however the provider remained in breach of this regulation.

People's needs were assessed and care plans were developed to provide guidance to staff about how to care for each person. However, we found assessments were not always accurate and were not always kept under adequate review to ensure they remained up to date.

The service used a Malnutrition Universal Screening Tool (MUST) to identify adults who were malnourished, at risk of malnutrition, or obese. MUST scores were calculated for each person living at Eagle House and staff used those scores to decide whether people should be referred for additional support with their nutrition to a health professional. The care records we reviewed showed some people's MUST scores were reviewed monthly, however, some had not been reviewed since July 2018 and so may not have been accurate.

People's Waterlow scores were not always being recorded monthly. A Waterlow score gives an estimated risk of a person developing a pressure ulcer. If risks are not kept under review, staff may not provide care that is appropriate to people's needs. We saw one person's Waterlow score had been incorrectly calculated throughout 2018. We discussed this with the registered manager who instructed staff to review the

assessment.

The service was in the process of reviewing all care records and we reviewed a mixture of the old and new care records. The new care records were generally clearer and contained sufficient guidance for staff, however, there were errors which had been transferred from the old records to the new records such as incorrect Waterlow scores.

Some people's care records did not contain sufficient guidance to staff about the support people needed and their preferences. This meant people were at risk of not receiving care that was appropriate to their needs. The service therefore continued to be in breach of Regulation 9; person-centred care.

People's nutrition and hydration needs were met. People were asked about their dietary needs and food preferences when they moved into the home. People received a range of good quality food and drinks in accordance with their preferences. Where people required a special diet, this was catered for and was recorded in their care plan. People were complimentary about the food at the home and the flexibility of the kitchen staff. One person commented, "They're really accommodating around food. I like to eat late in the day and they send my food over plated up. Staff just warm it up when I'm ready."

We observed lunch in the nursing building during the inspection. People were given choice about where they wanted to sit, who they wanted to sit with and what food and drinks they wanted from a range of different options. People were served promptly and staff gave individual attention to each person in the room. Staff worked well as a team to ensure everyone's needs were catered for in a timely manner. Staff were knowledgeable about people's preferences and the lunch session was calm, comfortable and relaxed.

People's healthcare needs were met. People told us staff supported them to regularly access their GP, optician and any other community health professionals they needed. A GP visited the home every week. People's care files contained records of visits from community health professionals so staff could follow their advice and guidance in supporting people to maintain their health.

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 the service had obtained the appropriate legal authority to deprive people of their liberty and whether any conditions on any DoLS authorisations were being met.

The registered manager kept a record of all DoLS applications the service made. The record detailed whether the application was granted, when authorisations were due to expire and whether any conditions were attached. Where a person had conditions attached to their authorisation, the conditions were recorded in their care file to ensure staff were aware of them.

The provider had up to date policies and procedures in place covering consent to care and treatment and

the MCA. Staff we spoke with understood the need to obtain consent before providing care and support to a person. During the inspection we observed staff support people to make their own decisions in accordance with their own personal preferences. Staff were required to complete training about the MCA, however the provider's training records showed many staff had not completed this training at the time of this inspection.

The care records we looked at did not always demonstrate people's mental capacity had been appropriately considered. Where care records did contain capacity assessments, these were not always fully completed. One care record we viewed contained a best interest decision but no mental capacity assessment, which should have been completed prior to any best interest decision. After the inspection the provider arranged for staff to complete additional MCA training which included a workshop run by the local clinical commissioning group.

We checked whether the premises were appropriate for people living there. There was clear signage around the building for communal facilities, such as toilets, bathrooms and lounges to help people navigate around the building. Some refurbishment of the property was underway during the inspection. Since the last inspection the flooring in several areas of the nursing building had been replaced and new flooring was being laid in the bungalows. Although we saw areas of the home had been re-decorated, there were still parts of the building that looked tired. People who used the service told us they would like further refurbishments to be completed. Some people commented that their showers had been broken recently and several of the bungalows could only receive one channel on the TV. One person commented, "I'd like them to smarten the place up; make it a bit posher and updated."

## Is the service caring?

### Our findings

During this inspection we observed some people living at Eagle House were well presented. Their personal care needs were met to a good standard and we saw they were wearing clean clothes, with their hair done and their fingers nails recently painted. However, some people looked unkempt and were not being supported appropriately with their personal care to maintain their dignity. When reviewing the provider's training records we observed training in dignity was not included on the provider's training matrix as training they considered to be mandatory.

Staff gave examples of how they encouraged people to maintain good levels of hygiene and personal care, whilst being mindful of people's personal preferences. People's relatives told us they felt staff provided adequate support and encouragement to people in this area, even though this support was often refused by some people.

We looked at people's care records to see whether staff recorded how often people were supported with their personal care and hygiene needs. Record keeping in this area had improved since the last inspection. Care records showed people were encouraged to undertake personal care tasks daily. However, we observed that where people struggled to maintain good levels of hygiene, their care records did not contain enough detail about how and when staff had attempted to provide support in this area, throughout the day. Staff recorded that people had been offered personal care, however there was no detail about the approach they had used, or whether they had attempted to offer this care again following an initial refusal.

Where people struggled to maintain good levels of hygiene, their care records did not provide clear guidance to staff about when they should escalate concerns about people's acceptance of personal care to other professionals for further support and guidance. This meant people did not always receive person-centred care which was appropriate and met their needs.

This was a continued breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014; person-centred care.

People and their relatives spoke positively about the staff employed at Eagle House. Comments included, "The staff are all wonderful. They are chatty and all work very hard" and "The regular staff are lovely and they help you whenever you want anything."

During the inspection staff displayed a caring manner towards people living at Eagle House. When speaking with people staff used terms of endearment, got down to their level and spoke to them with kindness and respect. Staff were respectful of people's choices and preferences and staff treated people with dignity throughout the day.

Staff demonstrated a good knowledge of people's personal preferences and they knew people living at Eagle House well. People were supported to provide details of their life history so that staff could get to know them and understand their likes, dislike and personal history. People's care files contained a

document called 'This is your story' which summarised information about a person's family, their work life, special events and special memories.

The registered manager had implemented a system where each person living at Eagle House had an allocated key worker and named nurse. People were positive about this system. Comments included, "I like my keyworker. I chat with her if I want something." This supported people to express views about their care and they felt confident speaking with their key workers. People's relatives were not always sure who their family member's key worker or named nurse was, however, most relatives felt they were kept informed of important changes in their family member's health and said they were consulted, where appropriate, about any changes to their care.

People's privacy was respected. Staff knocked on doors before entering their rooms. The provider had systems in place to ensure people's personal information remained confidential. Care records were securely locked away so they could only be accessed by staff who needed to see them.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Through talking to people, relatives, staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

## Is the service responsive?

### Our findings

Through working with the local council and clinical commissioning group, the provider had acknowledged the need to review and rewrite every person's care record to ensure they reflected their current care and support needs. The provider had started this process at the time of this inspection and the care records we looked at were a mix of the old style and those recently rewritten. The new care plans were more person-centred. There was a section at the beginning to record the person's social history, their interests, and likes and dislikes. However, the care records varied in how much information was recorded and people's social history and interests were not updated as staff got to know people better.

People's care records contained a plan for each area of support a person required from staff. Some care plans were reviewed every month to check they remained up to date, however, others had not been reviewed since July 2018. This meant there was a risk that people would not receive appropriate care as staff did not always have sufficient guidance about the support people currently required.

People who were approaching the end of their life had end of life care plans in place. These provided staff with additional guidance about how to care for them at this time of their life. However, people's expressed wishes regarding how they wished to be cared for were not always recorded in their end of life care plans. This meant there was a risk that people would not receive person-centred support at the end of their life.

Most people living at Eagle House were happy with the care they received. Most people's relatives also provided positive feedback. Comments included, "I'm happy [relative] is [at Eagle House]. They take good care of [relative]", "I'm very pleased with them (the staff) ... they do a good job. [Relative] is well looked after. They do their best for them" and "I trust them to take care of [relative]. I absolutely trust them to make good decisions and if I need to know they will involve me."

During the inspection we observed various activities taking place within the home. The activities coordinator had arranged a coffee morning which was attended by several residents in one of the bungalows. Everyone was made to feel welcome and people were given equal opportunity to participate in the session.

The activities coordinator supported people on a one to one basis to take part in activities they enjoyed such as arts and crafts and they supported people to access the local community, for example, to visit the local shops, cafes and the botanical gardens. Group activities and games also took place and people were encouraged to take part in exercise such as armchair aerobics and walking. People were positive about the activities on offer, however, they told us they would like it if they could go for days out, such as to the seaside, as this was something they used to do but had not been able to do recently.

People living at Eagle House were confident in raising any concerns about their care. Relatives also told us they could raise any concerns with the registered manager and other staff. The provider had a complaints procedure in place. The registered manager kept a record of any formal complaints received, along with a copy of the action taken and response given. We saw formal complaints were responded to appropriately. The registered manager informed us that they kept a record of any verbal concerns raised and we saw some

instances where verbal concerns were recorded. However, relatives we spoke with told us they had raised concerns about the cleanliness of the home with the registered manager and these concerns had not been documented.

The provider's complaints procedure stipulated that all complaints received would be recorded on a complaints register. The registered manager had not recorded any of the complaints on a complaints register. This would have enabled them to have greater oversight of all complaints made and easily identify any themes or trends. The registered manager agreed to implement a register following the inspection.

We looked at what the service was doing to meet the Accessible Information Standard. The Accessible Information Standard aims to make sure that people with a disability or sensory loss are given information in a way they can understand. People's communication needs were assessed and their care records contained information about any support they required with their communication.



## Is the service well-led?

### Our findings

Since the last inspection, there had been a change in the registered manager at Eagle House. The new registered manager had been in post for around eight months at the time of this inspection. An area manager had very recently been allocated to the home. They visited the home on the day of this inspection. The management team were in the process of implementing new systems and processes, with a view to improving the service and developing a person-centred culture.

The management team and provider were already aware of some of the issues identified during this inspection and had taken steps to start driving improvements to the service. For example, on the day of this inspection a new supervision tracker was implemented. Senior staff members were allocated more junior staff to supervise throughout the year. The new tracking document and supervision hierarchy were designed to help ensure staff were appropriately supervised at least every other month, in accordance with the provider's supervision policy. It would also help the registered manager retain a clear overview of the supervision system to ensure staff were receiving supervisions at the correct frequency.

The registered manager or senior staff members completed monthly audits of various aspects of the service, to assess the quality of the service provided. For example, a number of care plans were audited each month to assess whether they were up to date and sufficiently detailed. We found these audits were not always effective as they did not identify that staff were not calculating Waterlow scores correctly or keeping risk assessments and MUST scores under review. At our last inspection in November 2017 we found MUST scores were not always calculated correctly and Waterlow scores were not always recorded monthly. This concern had not been adequately addressed by the provider since the last inspection.

We found other audits did drive necessary improvements to the service and we saw some action plans were implemented effectively.

The provider did not have oversight of some aspects of the service. For example, in one care record we reviewed staff were recording a person's food and fluid intake but there was no clear way for senior staff to track whether the person was eating and drinking a sufficient amount as the records were not well organised and nobody was responsible for reviewing them each day. This meant there was a risk the service would not have acted quickly in the event the person's food and fluid intake was insufficient. We discussed these concerns with the registered manager and provider during the inspection and they confirmed they would ensure the nurses reviewed these records daily.

The registered manager and provider were eager to work alongside stakeholders such as the council's contracts and commissioning team and the local clinical commissioning group. They welcomed feedback from these organisations when they visited the home to carry out periodic checks on the care provided. However, during this inspection we found that not all feedback was acted upon. The council and clinical commission group had developed a detailed action plan for the home to implement a month prior to this inspection. When we checked whether the recommended improvements had been made in accordance with the action plan, we found most actions had not been dealt with and as such the identified

improvements were not implemented.

As the provider had not ensured that there were effective processes in place to assess, monitor and improve the quality and safety of the services provided, the service remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance.

The provider sought feedback from staff about the service through regular staff meetings. The registered manager informed us they operated an open-door policy and staff were encouraged to discuss any concerns or ideas they had about the service at any time. Staff told us there were ongoing issues with the staff team which meant on some occasions the team did not work well together. The registered manager was aware of these issues and had taken steps to encourage a better working relationship between all employees. A motivational speaker had attended the home to speak with staff on several occasions and the registered manager thought progress was being made in this area.

The registered manager had started to obtain feedback from people living at Eagle House and their relatives via satisfaction surveys. We saw some initial responses had recently been received and the registered manager planned to analyse them and assess what action to take in the event any concerns were raised. The area manager informed us they were considering re-commencing resident and relative meetings so that people could attend and share their views verbally.

The registered manager and some staff working at Eagle House had visited similar care services to learn from them and obtain new ideas about how they could improve the service at Eagle House. The registered manager and staff said they found this process useful and it had led to improvements being made to the activities on offer within the home and the meal provision.

We recognised the registered manager and area manager were already taking action to improve the service, however these actions needed to be fully implemented and sustained.

This section is primarily information for the provider

## 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 | Regulation 9 HSCA RA Regulations 2014 Person-centred care   |
| Treatment of disease, disorder or injury                       | People's care records and assessments did not always accurately identify their needs which meant people did not always receive person-centred care. |

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance  |
| Treatment of disease, disorder or injury                       | The provider had not ensured that there were effective processes in place to assess, monitor and improve the quality and safety of the services provided. Feedback from stakeholders was not always acted upon. |

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing  |
| Treatment of disease, disorder or injury                       | The provider had not ensured staff received appropriate training, supervision and support to enable them to carry out their roles effectively. |