Helen McArdle Care Limited

Eastbourne House

Inspection report

The Links
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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**

Overall summary

Eastbourne House is a care home based in Whitley Bay which provides accommodation and personal care and support to older persons, some of whom are living with dementia. People living with dementia at the home were accommodated in an area named the 'Grace Unit'. At the time of our inspection there were 51 people using the service. This was our first inspection of this service since it was registered with the Care Quality Commission (CQC).

This inspection took place on 10 and 11 September 2015 and was unannounced.

A registered manager had been in post until the week prior to our inspection and a new manager had already been appointed and was working at the home on the two days that we inspected. The newly appointed manager told us they were in the process of submitting an application to the Care Quality Commission to register themselves as the registered manager of this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 spoke highly of the staff who supported them, saying they felt safe in their presence. Appropriate systems were in place to protect people from abuse and there were channels available through which staff could raise concerns. Records showed that matters of a safeguarding nature had been handled appropriately and referred on to the relevant local authority safeguarding team for further investigation, in line with set protocols.

Overall, people's needs and the risks they were exposed to in their daily lives had been assessed and regularly reviewed. Environmental risks within the home had also been considered assessed and measures put in place to mitigate these risks. Medicines were managed and administered safely but some recording around medicines needed to be improved. Recruitment processes were robust and staffing levels were sufficient to meet the needs of the people who worked at the service.

Staff supervision and appraisal systems were in place, but supervisions did not always take place at regular intervals. The provider's representative told us this would be addressed. Staff meetings took place regularly and staff told us they felt supported. Records related to staff training showed that this was up to date and staff received training relevant to their roles. Some of our observations highlighted that either staff training in dementia care was not detailed enough, or staff did not always apply the skills they had learned when supporting people with dementia care needs. In addition, the environment in the Grace unit where people living with dementia were accommodated did not reflect best practice guidelines. We have made a recommendation about this.

People were supported to meet their nutritional and general healthcare needs. A rotating varied menu was available with a wide variety of food choices. External healthcare professionals were contacted for help and support related to people's care, as and when needed. Staff displayed caring attitudes and they promoted people's privacy, dignity and independence. End of life care planning had been undertaken with those people who wished to plan in advance. Advocacy was arranged for those people who needed an independent person to act on their behalf and there was a policy for staff to refer to and follow.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. There was evidence to show the service understood their legal responsibility under this act and that they assessed people's capacity when their care commenced and on an on-going basis where necessary. Decisions that needed to be made in people's best interests' had been appropriately taken.

Some records related to the care people needed and that which was delivered to them, were not always up to date or appropriately completed. However they were individualised. We have made a recommendation about this.

A varied activities programme was in place for those people who wished to partake in communal activities and for those who did not, the activities co-ordinator spent time with them on a one to one basis if they wished.

A complaints policy was in place for staff to follow and historic complaints that had been made had been handled in line with the provider's policy. Surveys to gather people's views and those of their relatives, staff and healthcare professionals involved with the home were carried out regularly and the results analysed to see where improvements to the service could be made. People were kept informed about the service and any changes via meetings or newsletters and promotional literature, which were distributed regularly.

Audits in key areas were carried out regularly alongside monitoring visits from the operations manager to review the service delivered. This was with a view to driving through improvements within the service. The provider had staff recognition and award schemes in place and worked in partnership with local community organisations to enhance the service provided to people within their care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People said they felt safe in the care of the staff who worked at the home. Staff were trained in the safeguarding of vulnerable adults and they were aware of their own personal responsibility to report matters of a safeguarding nature.

Overall, risks people were exposed to in their daily lives had been assessed and reviewed as had environmental risks within the home.

Staffing levels were sufficient to meet people's needs and recruitment procedures and processes were robust. Medicines were managed safely although some elements of recording related to medicines management needed to be reviewed.

Good

Is the service effective?
The service was effective

The environment for people living with dementia did not reflect best practice guidelines and we recommend the provider carries out research in this area.

People told us they were happy with the care they received. Our observations confirmed that overall staff met people's needs, although they did not meet their needs as effectively on the Grace unit as in other areas of the home.

People said they liked the food they were served and we found their nutritional needs and general healthcare needs were met.

People's capacity levels had been considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

Good

Is the service caring?
The service was caring.

People told us staff were caring and we saw they spoke kindly and considerately with people.

People's independence, privacy and dignity was promoted.

Consideration had been given to end of life care planning should people wish to state their preferences in advance. Independent advocates were arranged, if necessary, for people who needed someone to advocate on their behalf.

Good

Is the service responsive?
The service was not always responsive.

People's care records were not always appropriately maintained. We recommend the provider reviews all care records and care monitoring tools to ensure they are completed and contain current up to date information.

Requires improvement

Summary of findings

Overall people's care needs were met. Healthcare professionals were contacted to provide input into people's care as their needs changed.

There was a complaints policy and procedure in place which we saw was followed. Surveys were carried out to gather the views of people, their relatives, staff and healthcare professionals who worked with the service.

Is the service well-led?

Good

The service was well led

A new manager was in post who was in the process of applying to CQC to become the registered manager of the service.

Audits and checks in key areas were carried out regularly and operations management staff visited the home regularly and carried out an in depth monthly audit of the service.

Regular staff, management, and residents and relatives meetings took place to communicate changes and messages about the service.

The provider had staff reward and recognition schemes in place and worked in partnership with local community based organisations.

Eastbourne 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 10 and 11 September 2015 and was unannounced. The inspection team consisted of two inspectors and a specialist advisor with specialist knowledge in nursing and governance.

Prior to this inspection we reviewed all of the information that we held about the service including any statutory notifications that the provider had sent us and any safeguarding information received within the last 12 months. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are reports of deaths and other incidents that have occurred within the service.

In addition, we contacted North Tyneside safeguarding adult's team, local authority contracts team and Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used the information that these parties provided to inform the planning of our inspection.

As part of our inspection we spoke with ten people, three people's relatives, eight members of the care staff team, kitchen staff, housekeeping staff, the activities co-ordinator, the manager, deputy manager (head of care), operations manager, the head of catering for the provider's organisation, marketing staff and the nominated individual who is the provider's representative. We also spoke with a healthcare professional who was visiting the home on the first day that we inspected.

We reviewed a range of records related to people's care and the management of the service. These included looking at eight people's care records, six staff files, and other records related to quality assurance and the operation of the service such as audits and meeting minutes.

Good

Is the service safe?

Our findings

People told us they felt safe living at Eastbourne House. One person said, "I have found it very comfortable here and the staff are very good. None of the staff have ever made me feel unsafe or been nasty." Another person commented, "I feel safe. Staff come quickly if I ring my call bell." All of the relatives we spoke with said they had never had cause for concern when visiting the home.

Our observations evidenced that staff delivered care which was both appropriate and safe. We identified no concerns about people's safety or how they were treated by staff. For example, people were assisted with moving and handling and administered their medicines safely and in line with best practice guidelines.

The provider had safeguarding and whistleblowing policies and procedures in place to protect vulnerable adults. Staff told us they had received training in safeguarding and they confirmed the various types of abuse that people may be exposed to. It was clear from our discussions that staff were aware of their own personal responsibility to report matters of a safeguarding nature. All of the staff we spoke with told us they would not hesitate to escalate their concerns, should they not be dealt with appropriately by the manager of the home, or the provider. The local authority safeguarding team confirmed that matters of a safeguarding nature were reported to them by the management team at the home and records held within the home and our own databases confirmed this.

Accidents and incidents that occurred within the home were managed appropriately to ensure that people remained safe. Preventative measures that could be introduced were put in place to reduce the chance of repeat events. A system was in place where accidents and incidents of a serious nature were escalated to senior management within the provider's organisation so that they were kept informed. A monthly analysis of accidents and incidents was carried out to identify if any trends or patterns had developed that needed to be addressed. This looked at the nature of falls, accidents and incidents, staffing levels at the time, the people involved, actions taken in response to the event and any follow up actions. People had been referred to external healthcare professionals for input into their care as a result of this analysis. For example, referrals had been made to the falls team within the local authority area for input into their care and for a review of how the risk of falling could be reduced.

In most cases, risks which people were exposed to in their daily lives had been assessed and written instructions were in place for staff to follow in people's care records about how to manage and reduce these risks. For one person we found that a risk they faced in respect of their physical health had not been appropriately considered or documented. We shared our findings with the head of care who immediately drafted a related care plan and risk assessment. Other risk assessments were not current as they had not been amended when risks had changed. We shared our findings with the provider's representative who told us that staff would be reminded to update care records at the point that risks changed and not to leave them for amendment at the next future review date.

Staff files demonstrated that the provider's recruitment and vetting procedures of new staff were appropriate and protected the safety of people who lived at the home. Application forms were completed including previous employment history, staff were interviewed, their identification was checked, references were sought from previous employers and Disclosure and Barring Service (DBS) checks were obtained before staff began work. Records showed staff had completed a health questionnaire prior to starting work. This meant the registered provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

Staff told us staffing levels were sufficient to meet people's needs and our observations confirmed this. People were not left waiting for assistance and very few people rang their call bells. Those who did were assisted within a short space of time. The manager told us any shortfalls in staffing, for example due to sickness or annual leave, were covered internally by other members of the staff team, or if this was not possible, agency staff were sourced to cover vacant shifts.

The management of medicines was appropriate and people received the medicines they needed, safely, and on time. Medicines administration records (MARs) were generally well maintained and reflected that the recording of the administration of medicines was in line with best

Good

Is the service safe?

practice guidelines. Protocols were in place for the administration of 'as required' and homely medicines, detailing when these should be given to individuals, for example, when they displayed identified signs of being in pain. All of the medicines we checked were within their expiry date and stored in line with manufacturers guidelines. Systems were in place to account for and dispose safely of medicines that were no longer required. Controlled drugs were stored appropriately and a register of stocks maintained. A small number of errors were identified in the controlled drugs register, where the stocks that remained did not tally with the amount recorded in the register. We established that these were minor errors in recording, where, for example, the wrong number of tablets had been carried forward. There was no impact on people. We discussed our findings with the provider's representative, who said this matter would be investigated and discussed with staff.

Medication audits were in place, however, these were not always carried out as regularly as stated in the provider's own medication policy and in relation to people who self-medicated, most of these audits had not been carried out for several months. The head of care told us that people who self-medicated did not like audits of their medicines being carried out. We noted that such audits were a requirement of the provider's own medication policy, where people administered their own medicines.

The manager and provider's representative told us that they would revisit this with the individuals concerned, so they could satisfy themselves that people administering their own medicines, did so safely.

Environmental risks around the building had been assessed and these were reviewed on a regular basis. Regular fire and health and safety checks were carried out and documented. Equipment was serviced and maintained regularly in line with recommendations. Checks were carried out on, for example, electrical equipment, the electrical installation within the building and utility supplies, to ensure they remained safe. We saw evidence that legionella control measures were in place to prevent the development of legionella bacteria, such as checking water temperatures and decontaminating showerheads on a regular basis. This showed the provider sought to ensure the health and safety of people, staff and visitors.

Emergency planning was in place, including information about the assistance each person would require should they need to be evacuated from the home in haste. A business continuity plan had been drafted which detailed the procedures staff should follow in the event of, for example, a reduction or loss of utilities. In addition, a major incident plan listing the contact details of senior figures within the provider's organisation and the managers of sister homes was available, should a serious unforeseen incident arise that they would need to be notified of.

Good

Is the service effective?

Our findings

People told us they were very happy with the care they received. One person said, "The staff here treat me great." Another person told us, "I have been quite happy here and the staff are most helpful. If I am not feeling well they get me a doctor." One visiting healthcare professional told us, "The girls (staff) are good and they will ring if they need anything. If we ring them they always get back to us. Communication is fine." People's relatives told us they thought the care their family members received was good and met their needs.

Our observations on both floors of the home, excluding the Grace unit, confirmed that staff met people's needs effectively. For example, where people needed assistance with moving and handling this was given and staff were able to describe in detail the numerous needs of individual people that we asked them about. The information that they gave us tallied with information held within these people's care records. On the Grace unit a small number of staff we observed were not always clear about how to meet all of people's needs. We asked one staff member how they would support one particular person if they became distressed and they were not able to answer our question. They confirmed that they would probably "offer the person a cup of tea". In contrast, we spoke with several staff who displayed a good knowledge of people's needs and their characters and behaviours.

We concluded from our observations of care on the Grace unit that the dementia care training which some staff had received, was either not extensive enough or it was not always put into practice. For example, staff did not consistently show people alternative meal choices if they refused their meal. This is particularly beneficial to people living with a dementia related condition, as it enables them to see and smell the food on offer. In addition, there were no menu cards or pictorial menus visible on dining tables or within the dining room, to help people visualise the meals available.

The provider's statement of purpose for Eastbourne House stated that personal care was provided to "people with dementia". However, the environment within the Grace unit had not been suitably adapted or designed with the needs of people living with dementia in mind. Unlimited access to outdoor space was available to people in the form of two balcony areas which were suitably enclosed. Whilst we considered this was a positive addition to the unit, internally, we found best practice guidance about dementia care environments had not been taken into account. For example, there was no signage to orientate people and we found that some people repeatedly could not find their own bedrooms or the toilet during our visit. Handrails in the corridors, doors and equipment in the bathrooms and toilets were not painted in different colours to help them stand out for people to use. The Alzheimer's Society states, "Design changes, such as using contrasting colours around the home, are very useful in making items easier for people with dementia to identify." People had access to limited objects within the unit and there was a lack of suitable pictures, activity boards and other stimulus, to occupy people as they moved around. There was a box with cloths and polish in it and items from past times were locked in mounted cabinets on the walls. During our visit staff did not encourage people to engage with these items and they did not spend time looking at them with people. On the second day of our visit some pictures had been added to people's bedroom doors, to orientate them to their own personal space. The provider's representative told us that signage such as that used to identify the toilet and the dining room had been ordered, but that this had not yet arrived.

Overall, people's nutritional needs were met. Where necessary, food and fluid charts were used to monitor that people ate and drank in sufficient amounts, although these were not always fully completed. In addition, people were weighed monthly or more regularly if required, to ensure that any significant fluctuations in their weight were identified. We saw that weight losses and gains were clearly recorded and referrals had been made to external healthcare professionals, such as dieticians, for advice and input into people's care if needed.

People commented that the food was good. One person told us, "I have enjoyed the food." The provider had a varied, rotating three week menu in operation across all locations at which they provided care and it showed people had many healthy food options available to them. People's dietary requirements were detailed within their care records, for example if they were diabetic or had swallowing difficulties. This information was shared with kitchen staff and regularly updated. We spent time with the Head of Catering for the provider's company who visited the home during our inspection. He informed us about a new gelling agent that he had introduced into the pureed

Good

Is the service effective?

food served across the organisation, which allowed it to be presented and moulded in a way which resembled the food type's original form. We sampled some of this food which was attractive and appetising. In addition, the Head of Catering had sourced a product which added air to liquids which were then used to salivate people's mouths and stimulate their taste buds, when in receipt of end of life care. At the time of our inspection no person living at the home received a pureed food diet or end of life care, although the Head of Catering told us that the aforementioned products would be available to people, if and when required.

People's general healthcare needs were met and we found evidence that people were supported to access routine medical support, or more specialist support such as that from an occupational therapist, should this be necessary. One visiting healthcare professional shared their views of the care they saw delivered at the home. They told us, "I have not seen anything that worries me when I visit this home."

Information in people's care records indicated consideration had been given to people's levels of capacity and their ability to make their own choices and decisions in respect of the Mental Capacity Act 2005 (MCA). Applications for Deprivation of Liberty Safeguards (DoLS) had been made to the local authority safeguarding team in accordance with good practice. DoLS are part of the Mental Capacity Act 2005. They are a legal process which is followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. There was evidence the principals of the 'best interests' decision-making process had been followed in practice and records were retained about these decisions. 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms were in place and the provider had sought to obtain copies of health and welfare based lasting power of attorneys to confirm a third party's right to make a care based decision.

The provider established a training academy in January 2015 and we received positive feedback from staff about this facility and the training they had received. Records showed the manager monitored training requirements via a matrix grid and arrangements were made for training to be refreshed as and when required. Staff had completed training in a number of key areas as well as some specialised training relevant to their roles, such as challenging behaviour. An induction programme was in place and completed by new members of staff at the point they commenced employment with the service. We received mixed feedback from staff about the induction programme. Some staff told us it was weighted towards corporate information about the provider, rather than practical shadowing experiences. Other staff said the induction programme had prepared them for their role.

Staff confirmed that supervisions took place but some staff said they could not recall their last supervision date, as they had not received one for some months. All of the staff we spoke with said they found these one to one sessions with their manager useful and supportive. Records supported what staff had told us. In some cases supervisions had not been carried out for over five months, which was contrary to the provider's own policy. Only a very small number of staff had worked at the home for over a year and no annual appraisals had been carried out to date. Supervisions and appraisals are important as they are a two-way feedback tool through which the manager and individual staff can discuss work related issues, training needs and personal matters if necessary. We shared our findings with the provider's representative who informed us that this matter would be addressed by the new manager as soon as practicable.

We recommend the provider explores relevant best practice guidance about how to make environments for people living with dementia, more appropriate to their dementia care needs.

Good

Is the service caring?

Our findings

People told us that they were happy with the standard of care that they received. One person said "The staff are very caring. We have some rough diamonds (staff) who talk rough but they have hearts of gold." Another person told us, "The staff are kind and will do anything for you." We spoke with two people's relatives. They confirmed that they found staff to be considerate to their family member's needs and they had observed caring interactions between staff and people when visiting the home.

We observed staff when they provided care and assistance to people in communal areas of the home. They spoke to people kindly and considerately. People told us they valued this. One person said, "The staff are all very nice, there is nothing like them being rude or anything."

Staff had time to care for and support people and they were not rushed. People who were able to told us they felt their opinion was valued and they were involved in their care. Staff gave people choices and the choices they made were respected. For example, during our visit some people ate in their rooms by choice and others refused to join in activities when asked.

On the Grace unit people looked well presented in clean, well-cared for clothes and their personal care had been attended to. Thought had been given to people's individual tastes and needs, and their hair was nicely styled. Some staff were more interactive with people on this unit than other staff. For example, some staff carried out task based activities, such as serving lunch with limited engagement with people, whilst other staff engaged with people warmly about the food they were served and how they were feeling. Some staff seemed unaware of how best to support people on this unit and our findings were supported by a relative who told us that staff did not always know how to calm and distract people when they became agitated. We did observe good practice with some care workers displaying knowledge about people's individual needs and preferences. For example, one senior carer who was friendly and caring with people when supporting them and who was very knowledgeable about individuals and their needs. They asked a person, "Have you got your knitting X (person)? We'll go and get some fresh air in the garden and we'll water the plants; the fresh air is lovely." The activities coordinator visited the Grace unit and sat next to a person who had become agitated. The person immediately appeared calmer and we heard the activities co-ordinator say, "We all need someone to talk to X (person)." The person replied, "Yes, I was terrified on my own."

People's independence was promoted. They were encouraged to move around the home and to eat as independently as possible, even if they experienced difficulties in doing so. Staff offered assistance when required and they ensured that people were observed for their own safety, as and when necessary. People had the necessary equipment available to them such as mobility aids and specialised drinking equipment, which promoted their independence. Such items were at hand when needed, for example when people were sitting down, their mobility aids were within reach, should they decide to stand up and move away. One person described how they initially needed more support from staff, but in recent months they had become more independent, which they were proud of. They said, "I used to be bathed by staff but now I do showering on my own. It is so I can keep my independence."

Staff respected people's privacy. People told us, and we saw that staff knocked on their doors before entering their rooms and care interventions were appropriately discreet when they needed to be; for example if people were supported to go to the toilet. Staff talked discreetly about people and their care where necessary, ensuring that confidentiality was maintained. Records were locked away with access limited to those members of staff who needed it, again to maintain confidentiality.

The manager and head of care told us that one person living at the home had an independent advocate who acted on their behalf and that other people's relatives advocated for them if necessary. There was an advocacy policy in place and guidance for staff to follow should they need to arrange an advocate for any other person in the future.

Consideration had been given to end of life care planning and this was offered as an option for people, should they wish to plan in advance. Where people did not have the capacity to plan for the care they wished to receive at the end of their life, decisions had been made in their best interests, communally, by healthcare professionals and their relatives.

Requires improvement

Is the service responsive?

Our findings

People commented that they were happy living at the home and they felt staff responded to their needs appropriately. One person told us, "The treatment here is very good. The whole staff team here are very good. They will do anything for you. The district nurse comes in every week and the doctor." They continued, "I would tell them if I was not happy with anything and they would deal with it." Another person commented, "I have not been unwell myself, but they help people very well." One person's relative told us, "All the girls (staff) have been very, very nice."

People's care records were individualised and contained information about how each person's care and support should be delivered. Pre-admission assessments had taken place before people started to receive care and regular reviews of their dependency levels and risks associated with their daily lives took place. However, despite there being a reviewing process in place, care records did not always tally with the most up to date information about people's care, as described to us by staff. This meant staff did not have access to relevant guidance about what they needed to do to support people appropriately.

On the Grace Unit, where some people displayed behaviours which may be perceived as challenging, some records lacked detail about how staff should support people, the triggers to their 'behaviours' and effective de-escalation techniques. As this information was not available it could mean that people were at risk of receiving inconsistent care.

Monitoring tools such as food and fluid intake charts and positional change charts were used by staff to monitor the care delivered to people. We found gaps in the recording of some of this information. For example, people's food and fluid intake was not always recorded where they had specific nutritional needs and for one person we found positional changes, which staff confirmed had taken place, had not been recorded in recent days. In addition, elimination records to monitor bladder and bowel movements were not consistently completed. Daily records, whilst maintained, were focussed on tasks that had been completed, rather than providing information to the reader and staff about the person's health, their wellbeing, mood and any activities they had undertaken. Some records were difficult to follow and staff confirmed this.

A communication book was used where future appointments were recorded, as well as any issues or actions that needed to be addressed. Senior care staff told us that verbal handover meetings took place between staff when shifts changed, to ensure that incoming staff were kept up to date about the running of the service and people's care.

People's care was person-centred. They experienced positive outcomes and overall their care needs were met. Records showed staff were responsive to people's needs and they had involved GP's and specialists in people's care when needed, to promote their health and wellbeing.

On the first day of our inspection we observed limited activities for people living in the Grace unit and on the second day, people enjoyed some time with animals that were visiting the service as an arranged activity. People enjoyed more engagement with staff on the second day of our visit and props such as a doll and pram were available, which one person positively engaged with. One member of staff told us that this person was really pleased with this activity.

We spent time with the activities co-ordinator and reviewed the programme and types of activities that were available to people. There was a wide range of activities including chair aerobics, cards, dominoes, arts and crafts, and 'play your cards right'. One person told us, "There are a lot of activities you can do, if you want to." There were up and coming events organised, including entertainers and a fayre boasting a tombola, raffle, cake stall and refreshments. The activities co-ordinator was clearly passionate about their role and explained how they tailored activities to people's needs. They told us that they took people out for walks and that in the week following our inspection, a volunteer was visiting the home to chat to a number of people living with dementia about their memories. A fine art artist was booked to come in and create a picture of the information these people provide and there were plans to collate these pictures into a book.

A complaints policy and procedure was in place and we could see that the provider had responded to complaints and taken steps to resolve matters raised by meeting with

Requires improvement

Is the service responsive?

complainants and sending them correspondence. One long-standing complaint had been dealt with, but the complainants' told us they were not satisfied with the outcome and how the complaint had been handled. We fed this information back to the manager and provider's representative. They told us that the parties involved would be approached following our inspection to discuss the remaining issues further. Lower level concerns were also recorded, along with any action taken to address the concerns and whether the person raising them was happy with the response. People were given an information file when they first joined the service which was kept in their rooms. We noted that this did not reference or provide information about the provider's complaints policy and procedure. We discussed this with the provider's representative who agreed with our findings and advised us they would review this.

The provider undertook surveys and held meetings to gather the views of people, their relatives, staff and external healthcare professionals linked with the home. We reviewed the results of a residents survey done in May 2015, which had been broken down into sections reflecting what people had said, what they said could be done better and what had been done by the provider in response. There was positive feedback such as "Staff look after me very well" and "I like the staff here they are kind to me". Healthcare professionals had also given positive feedback about the home, one such professional's response stated, "I find the staff courteous and helpful during my visits." This showed the provider sought feedback about the service delivered at Eastbourne House and used it to address any issues that may be raised.

We recommend the provider closely monitors the completion of all records related to care delivery, including medicines management, and that they review all people's care records to ensure they contain the most appropriate and up to date information.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a newly appointed manager in post, who told us they were in the process of applying to CQC to become the registered manager of this service. The previous registered manager had left their employment with Helen McArdle Care Limited in the week prior to our inspection. The registration requirements of the service had been met and we were satisfied that incidents had been reported to us in line with requirements.

People told us they welcomed the appointment of the new manager who they hoped would provide good leadership. Some people described difficulties in the past with previous management, but said that they were willing and open to building a good relationship with the new manager. One person told us, "I am pleased about having the new manager." A relative commented, "I am greatly impressed with the new manager. They come across as a person with high standards." Staff told us they were getting to know the new manager and they had enjoyed working with them so far. One member of staff told us, "I feel I could go to the manager and they would do their best to sort out any issues I raised." One healthcare professional told us they enjoyed a good working relationship with the staff at Eastbourne House.

A range of different audits and checks were carried out to monitor care delivery and other elements of the service. Analysis of accidents and incidents that had occurred, were completed regularly. Health and safety audits/checks around the building were also carried out. There was evidence that where issues were identified, action had been taken to ensure matters were addressed.

Staff supervisions and appraisals were carried out, although some staff had not received regular supervision this year and these meetings had fallen behind. The provider's representative told us that this would be addressed by the new manager. Assessments of staff competency in administering medicines was checked to ensure that they followed best practice guidelines.

The provider had analysed results from internal feedback questionnaires they had sent to people and staff, and then collated a report. This contained a summary of changes that had been introduced in response to some of the feedback received. This showed the provider used the information they obtained from feedback to drive forward changes within the service and to improve people's and staff's satisfaction levels wherever possible.

The operations manager visited the home regularly and carried out a monthly audit which included obtaining feedback from people and staff, reviewing training records, complaints, staffing levels, recruitment, safeguarding matters, environmental issues and audits, amongst other things. Where the manager had matters to address or improvements to make as a result of these audits, action plans were drafted to be completed as soon as possible. Staff meetings at a variety of different levels took place regularly and showed the manager kept staff informed about important matters and changes to the service. The provider also used these meetings to deliver messages to the staff team.

The provider had a staff reward scheme in place where staff could register and enjoy discounts on shopping from a number of large partner organisations. The provider also offered loyalty bonuses, an annual family fun day and football tickets to reward staff for their "hard work and loyalty". A staff recognition programme was in place where staff could be nominated for their practice on a bi-annual basis. Nominations were made by a range of people, including staff, people, their relatives and external healthcare professionals involved with the service, and an awards ceremony was held to recognise individual staff member's contributions to the service.

The marketing manager told us that the provider invested in community partnerships, for example, where they sponsored local sports clubs, such as bowling and football clubs and they could access their facilities in return. She told us there were plans in place to arrange a bowling match between people living at Eastbourne House and one of the provider's other homes nearby. In addition, the marketing manager informed us that a sponsorship arrangement was in place between this service and Whitley Bay Playhouse, where people could go and enjoy performances at a discounted rate.

Newsletters were sent out on a daily basis to residents and delivered to their rooms to keep them informed of important announcements, activities taking place, the daily menu and weather forecast. In addition, the provider sent out a monthly newsletter specific to the home, a staff monthly newsletter and a quarterly magazine covering

Good

Is the service well-led?

topics such as special events, changes within the provider's organisation, entertainment, and health and wellbeing. This showed that the provider kept staff and people informed and up to date with service and company-wide developments.

The provider's statement of purpose for Eastbourne House, described their vision as: 'To provide a happy home where residents can relax in the knowledge that all the care they require will be provided, their friends and relatives are welcome and they are safe with a team of people who are devoted and committed to give their best at all times. To preserve the residents rights as individuals and to support the achievement of their rights'. People who could tell us about their care said their needs were met, they found the home a happy environment and staff were friendly and committed to their roles.