East Cosham House

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Inspection report

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Date of inspection visit:
27 November 2018
29 November 2018

Date of publication:
17 January 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 27 and 29 November 2018 and was unannounced.

East Cosham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

East Cosham House provides accommodation for up to 24 people, some of whom live with dementia and mental health conditions. At the time of our inspection, there were 24 people living in the home.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission 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.

Medicines were not always managed safely. Procedures in place were not robust and did not evidence that people were receiving their medicines as prescribed.

There were quality assurance systems in place based on a range of audits. However, we found these were not always effective and had not identified the concerns raised during the inspection, around medicines management.

People felt safe living at East Cosham House. Staff knew how to keep people safe and how to identify, prevent and report abuse. They engaged appropriately with the local safeguarding authority.

Individual and environmental risks were managed effectively. Risk assessments identified risks to people and provided clear guidance to staff on how risks should be managed and mitigated.

Thorough staff recruitment checks were carried out when a new staff member started working for the service. There were enough staff available to keep people safe at all times and staffing levels were monitored by the registered manager.

Staff received a variety of training and demonstrated knowledge, skill and competence to support people effectively. Staff were supported appropriately by the registered manager and deputy manager.

People had access to health and social care professionals where required and staff worked co-operatively and efficiently.

People were supported by staff with their nutritional and hydration needs. People were offered choice at mealtimes and menus contained a variety of nutrition and healthy foods. Where people had specific dietary

requirements, these were well documented and staff were aware of how to meet these needs.

Staff were knowledgeable of the Mental Capacity Act 2005 and people's rights were protected in line with the Act at all times. Where people were required to be deprived of their liberty, this was completed and recorded in an appropriate and timely manner.

People were cared for with kindness and compassion. Staff had developed positive relationships with people and their relatives and knew what mattered most to them.

Staff took action to protect people's dignity and privacy at all times and encouraged people to be independent with all aspects of their daily routines where possible.

People had a clear, detailed and person-centred care plans in place, which guided staff on the most appropriate way to support them. People's families were invited to be involved in the planning and delivery of their relatives care where appropriate.

People had access to a variety of activities to ensure they received appropriate mental and physical stimulation, and were encouraged to follow their own interests.

The service had a clear process in place to deal with complaints and we saw that concerns were dealt with in a timely and effective manner.

The provider was engaged with the running of the service and was approachable to people and staff.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the end of the full version of this 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.

Medicines were not always managed safely. Procedures in place were not robust and did not evidence that people were receiving their medicines as prescribed.

People felt safe and staff knew how to identify, report and prevent abuse

Individual and environmental risks had been identified and were managed safely.

Procedures were in place to protect people from the risk of infection.

Appropriate recruitment procedures were in place. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People received effective care from staff who were knowledgeable, skilled and supported in their role.

Staff worked together co-operatively for the benefit of delivering effective care and support.

People had access to health care services and professionals where required.

People were supported to eat a variety of nutritious meals and were encouraged to drink often.

People's rights were protected in line with the Mental Capacity Act 2005. There was a clear process in place to ensure that people were only deprived of their liberty appropriately and where required.

Is the service caring?

Good

The service was caring.

Staff treated people in a kind, caring and compassionate manner.

Staff were supportive of people living with dementia and were knowledgeable of their emotional and social needs.

People's cultural and diversity needs were explored. People were supported to maintain their faith.

Staff ensured that people's dignity and privacy was respected at all times.

People were encouraged to be as independent as possible in their day to day routines.

Is the service responsive?

Good

The service was responsive.

People received person-centred care and staff respected people's choices.

People's care plans were personalised and contained clear information about how to meet each person's needs.

People were supported to participate in a variety of activities to ensure they received mental and physical stimulation.

There was a robust complaints procedure in place to ensure that concerns were investigated and dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A quality assurance process was in place; however, this had not identified the areas of concerns we found during this inspection.

The provider was engaged in running the service and there was a positive and open culture.

Staff were organised, motivated and worked well as a team. They felt fully supported and valued by the registered manager.

The service had developed positive links with the community. Feedback was sought by people and their relatives.

East Cosham 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 27 and 29 November 2018 and was unannounced. On the first day of the inspection there was one inspector, an assistant 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. On the second day of the inspection, there was one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the information in the PIR, along with other records we held about the service including previous inspection reports and notifications. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

We spoke with seven people living at the home and four family members. We spoke with the registered manager, two deputy managers, the activities co-ordinator, the cook and three care staff. We also spoke with a visiting healthcare professional. We looked at care plans and associated records for seven people, records relating to staff recruitment, training and support, records of accidents and incidents, policies and procedures and quality assurance.

At our last inspection in September 2016, we identified no concerns and the service was rated as 'Good' overall.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. Some people were prescribed controlled medicines, which are medicines subject to additional controls by law. We identified that records of administration were not completed fully which meant we could not be assured people were receiving their controlled medicines safely. Best practice guidance recommends that the administration of controlled medicines should be signed for in a controlled medicines register, in addition to a person's medicines administration records (MAR). The MAR chart provides a record of which medicines are prescribed to a person and when they were given. The controlled medicines register should also be signed by another staff member as an appropriate witness. We identified one person's controlled medicine records did not evidence a signature of administration or of a witness, for seven consecutive weeks. We discussed this with a deputy manager, who was unable to confirm why the medicines had not been signed for and could not find full records of the person's MAR documents to confirm if the person had received their controlled medicine as prescribed. Furthermore, we identified a similar situation for another person, who was prescribed a controlled medicine where there was a signature gap of five weeks consecutively. We raised these issues with the registered manager, who was not aware of the concerns and did not have any oversight of controlled medicines management. They informed us they would take action to ensure that their regular medicines audit included appropriate checks of controlled medicines administration and recording.

There was not a robust process in place for the disposal and return of damaged or unused medicines. Where medicines were required to be returned to the pharmacist, these were stored together loosely in a container. There was no process in place to record what the medicine was, for whom it was prescribed, the reason it was being returned or the date in which it should have been administered. For example, whilst observing where medicines were stored, one person's tablet fell out of its container and onto the floor. The staff member responsible placed the tablet loosely in a container with other tablets and did not make a record of who the tablet was prescribed for, or when it should be administered. This meant that the person may be at risk of not receiving their medicine as prescribed. Furthermore, in the event of a medicines error, medicines would be unaccounted for and un-auditable. We discussed this with the registered manager, who advised that where medicines were returned to the pharmacy, a receipt was given on collection. However, we identified that receipts had not been obtained for seven months prior to the inspection. This posed a further concern around how an audit trail of returned medicines would be established to demonstrate they had not been misappropriated.

There was no process in place to ensure the quantity of medicines was being checked and monitored. We counted the quantity of three people's medicines and found they did not match the amount recorded on the person's MAR chart. This meant that people may at be of risk of not having sufficient medicines available. Where people are prescribed topical creams, these should be replaced when they have been opened for longer than specified as safe by the manufacturer. However, we found that this was not being recorded and there was no system in place to ensure creams were not used beyond their safe 'use-by date'. We discussed these issues with the registered and deputy manager, who took immediate action to ensure that safe recording processes were in place for the monitoring of stock control and opening dates of topical creams.

The failure to ensure the proper and safe management of medicines and the safe management and mitigation of individual risks, was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other aspects of medicines management were completed safely. We observed people being administered their medicines. Staff asked people's consent, informed them of what the medicines was for and stayed with the person to ensure they took their medicine. Where people were prescribed 'as required' medicines, an individualised protocol was in place to ensure that they received their medicines appropriately.

People told us they felt safe living at East Cosham House. One person said, "Yes I feel safe. The carers are all very nice, they look after you." A relative commented, "She's safe and looked after. She's not wandering, like she was at home.'

Individual risks to people were managed effectively. Risk assessments had been completed for all identified risks, together with action staff needed to take to reduce the risks. For example, when people moved into the service, a moving and handling assessment was completed to ensure people received appropriate support from staff during all transfers. Environmental risks were managed effectively. Gas and electrical appliances were serviced routinely and fire safety systems were checked regularly. Arrangements were in place to deal with foreseeable emergencies. All staff had completed fire awareness training and knew what action to take in emergency situations. Personal emergency evacuation plans (PEEPS) were in place that detailed the support each person would need if they had to be evacuated. There was also a business continuity plan that included an arrangement to use a nearby care home as a place of safety in an emergency. Staff had received training in first aid.

People were protected from the risk of harm by staff who had received safeguarding training and who understood the procedures for reporting concerns about people's safety and wellbeing. The registered manager described how they worked with the local authority safeguarding team and police if required, to ensure that the risk of abuse to people was minimised. Staff were clear about their responsibility to report suspected abuse and knew how to do so. One staff member said, "If I saw something, I'd make sure it was sorted. I would be confident if I raised something like that with [the registered manager], it would get sorted out."

There were appropriate systems in place to protect people by the prevention and control of infection. Staff had attended infection control training and confirmed that they had access to personal protective equipment (PPE). People told us that staff used PPE when needed, one person said, "They wear gloves, they are very good with that." Staff followed clear procedures to ensure the risk of cross contamination was minimised where possible. For example, a staff member described how they processed soiled linen using special bags that could be put straight into the washing machine. The registered manager was able to describe the actions they would take should there be an infectious outbreak at the home and infection control audits were undertaken at regular intervals as part of an overall quality monitoring process. The home had been awarded five stars (the maximum rating available), for food hygiene by the local environmental health department.

There were sufficient numbers of skilled and competent staff deployed to meet people's needs. There was a duty roster in place which was completed by the registered manager. They told us they ensured there was a suitable skill mix of staff for each shift and that a senior staff member was always available. Absence and sickness was mainly covered by existing staff working additional hours or by one of the managers, who were trained to deliver personal care if required.

Safe recruitment processes were in place. Application forms had been completed and recorded the applicant's employment history, appropriate references and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

Accidents and incidents were recorded, reported and investigated appropriately. The registered manager used a clear system to provide a summary of accidents and incidents that had occurred each month, to monitor any patterns or trends and learn from mistakes.

Good

Is the service effective?

Our findings

People receive effective care which met their needs. One person told us, "They are very, very good. Directly if you say, 'Can you help me?', they help you."

New staff completed a structured induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff and the completion of essential training. New staff who were waiting to receive back their pre-employment checks before they could work independently and provide personal care, were also encouraged to visit the service under supervision and get to know people and their day to day routines. One staff member told us, "I came here every other day for a few weeks before I actually started so I could read people's care plans and get to know the residents." Staff who were new to care were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Experienced staff received regular refresher training in all key subjects and were supported to undertake other training relevant to their role, such as diabetes and end of life care.

Staff were supported appropriately and felt valued. A staff member said, "I love it here, I have a lovely job and I get great support." Each staff member received regular one-to-one sessions of supervision, together with annual appraisals to discuss their role, their well-being, and any development needs. In addition, the registered manager tracked any follow up actions from staff supervisions to help them identify any common concerns or issues amongst staff, such as a training need.

Staff worked co-operatively together for the benefit of delivering effective care to people. A staff member commented, "The staff are really good, we all get on and communicate with each other well." Staff were kept up to date on people's changing needs through verbal handover meetings which were held in between shifts. These meetings provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting. One staff member said, "Handover is really good, we get loads of information. Like today, even though it's only me starting the new shift, they still give me a full handover."

Where new people moved into the service, staff ensured they fully understood people's needs, in order to provide personalised care. One staff member said, "Obviously we read through their care plan and generally have a natter with them to find out what they like and don't like." Consideration was given to ensuring people's needs would be met appropriately and whether there may be an impact on other people living at the service. People and their relatives were invited to look around the service before they moved in. They were also given the opportunity to transfer their own furniture and possessions into their bedroom, to allow a familiar and personalised transition to the service.

People were supported to access healthcare services when needed. Records confirmed that people were seen regularly by health professionals, such as doctors, specialist nurses, dentists and chiropodists. One person told us, "They always call you a doctor if you need it" and another person said, "Being an elderly home, you get doctors quite often." Steps were taken to ensure people received a smooth and consistent

transition of care between services. Where people were admitted to hospital, a system was in place to ensure that all key information was easily accessible and available to hospital staff.

People were complimentary of the quality and variety of meals. One person said, "The food's good'. They know if I don't like something. I don't like sausages much, they know that and get me something else. There's a reasonable selection." Another person said, "It's lovely food. The puddings are lovely." People were encouraged to sit in the dining room for lunch, however other people ate in their bedrooms if they preferred. Where people required assistance to eat or cut up their food, this was provided promptly in a patient and supportive way. Throughout the inspection, we saw that people were offered hot and cold drinks and staff prompted people to drink regularly; one person said, "There's plenty of drinks, always." People were able to express their views on the variety of the food and drink at the service. For example, we saw minutes of a meeting held with people who lived at the service, which had recently been held to discuss this topic and possible suggestions.

When new people moved into the service, important information such as people's allergies was passed to the cook and care staff, in addition to people's likes or dislikes. A staff member told us, "There's a board in the kitchen about people's likes and dislikes. I know a couple of people who don't like fish, so if that's for dinner, they always get a different option." Staff were attentive to ensuring that mealtimes were an unhurried and relaxed social experience. The registered manager completed and recorded regular observations of mealtimes, to ensure that people's nutritional needs were met effectively and a pleasant dining experience was provided.

Each person had a nutritional assessment to identify their dietary needs and preferences, such as if they had a special diet, where they liked to have their meals within the service and if they required support to eat and drink. People's weight was monitored monthly and where people were identified as losing weight, staff followed a clear procedure to identify the cause of the weight loss and seek medical advice is required. For example, for one person who had lost weight, staff increased recording of the person's weight to weekly intervals and contacted a doctor for a review of 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Records showed that where people lacked capacity, decisions made on their behalf were done so in their best interest and with the support of people who had the legal authority to make those decisions. Staff demonstrated a good knowledge of the MCA and how this applied to their role when supporting people. DoLS authorisation had been approved for several people living at the service and the registered manager had a system in place to ensure that DoLS authorisations were renewed before their expiry date.

Staff described how they sought verbal consent from people before providing care and support. For example, one staff member described how they supported people with personal care, they commented, "I always make sure they are happy for me to support them." Other staff commented that they were led by the person and always acted in the person's best interests.

Good

Is the service caring?

Our findings

People were supported by kind, caring and compassionate staff. People and their relatives spoke positively about the staff and told us they were looked after well. Their comments included: "Yes, they're very pleasant", "They don't treat you like you don't matter", "They are a very caring lot" and "We've been very impressed. The staff are very friendly and accommodating."

We saw that staff interacted with people in a supportive and respectful manner. They checked they were comfortable, bent down to their level and used touch appropriately to reassure them. Staff were able to tell us about people's life histories and this information was also available within care plans. A low turnover of staff allowed the development of close relationships with people and an accurate understanding of their emotional and social needs. A comment from a visiting professional audit said, "I was struck by the relaxed and homely atmosphere of the service and the friendly, caring nature of some of the staff in particular, chatting to residents like they were their friends, comforting them if they were upset and ensuring they were comfortable."

A number of people living at the service had a diagnosis of dementia, which had an impact upon their physical and emotional needs. We observed interactions which clearly demonstrated that staff had a sound knowledge of how to interact and speak with people living with dementia, in a caring and empathetic manner. For example, we observed one person who appeared very distressed, telling a staff member they didn't know where they were and they needed to let their family know. The staff member stayed with the person, speaking with them gently and patiently until the person had calmed down. The staff member ensured the person felt safe before they got up to leave. Another person explained how they considered people's mental state when providing personal care, they said, "Even if some people can't talk very well, I will explain what I'm doing step by step. I wouldn't like it if someone didn't tell me what was happening, so even if they have dementia, they are still humans and should be treated how anyone else would want to be treated."

People's cultural and diversity needs were explored during pre-admission assessments and were further developed in people's care plans over time. We saw that people had been supported by the service to maintain their faith. For example, during the inspection, a visiting minister was delivering a service for people who wished to attend. People's care plans clearly referenced their preferences and how they wished to be supported to maintain their faith.

Staff understood the importance of protecting people's privacy and dignity and people confirmed that staff considered their privacy when providing personal care. A relative said, "They take [my relative] into her room if they have to help her with anything, they don't do it in public." During the inspection, we observed staff knocking on doors and asking people's permission before entering their bedrooms. Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care. For example, one staff member said, "I would close their door and if the curtains were open I'd close them. I would make sure they weren't completely exposed, I'd cover their top half, then bottom half." Furthermore, where people wished to have a conversation in private, a separate lounge area was available

in a different area of the service, away from other people and staff. Confidential information, such as care records, were kept securely and could only be accessed by staff authorised to view it.

Staff respected and promoted independence by encouraging people to do as much as possible for themselves. One staff member described how they supported a person to remain independent with aspects of their person care, they said; "I give [the person] a flannel and ask if they want to wash themself. If they say yes, I'll go and get their clothes ready for the day. When I go back they will normally be finished, so I'm still there just in case they need me." During the inspection, we saw a staff member asking people if they would like to help lay the table before lunchtime, which we saw one person enjoyed being involved in. We spoke with the staff member, who told us, "There is a regular group of people who always help to set the table. Other people put their plates in the sink and we ask them if they would like to help wash it up."

The registered manager was aware of how to request the services of independent advocates if needed. Advocates can be used when people have been assessed to lack capacity under The Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf. They are independent people who spend time getting to know the people they are supporting to help make decisions that they believe the person would want. The registered manager spoke with us about the people living at the service who used an advocate and we also saw records in people's care plans where advocacy services had been used.

Good

Is the service responsive?

Our findings

People received highly person-centred care and support that met their needs. One person said, "The staff [understand my needs]. They make sure they are there if someone is upset, they know what to do." A relative told us, "They're caring. They know [my relative's] needs".

Initial assessments of people's needs had been completed when they moved into the service and care plans were developed to help ensure that people's needs could be met appropriately. As part of the assessment process, relatives were involved to ensure staff had an insight into people's personal history, their individual preferences and interests. Information of this type helps to ensure people receive consistent support and maintain their skills and independence levels.

Care plans were clear, detailed, organised and provided comprehensive information to enable staff to deliver care and support in a personalised way. The care plans were centred on the needs of each person, how they wished to receive care and support and what their preferred daily routine looked like. Care plans were reviewed regularly with the help of people's relatives and key professionals if appropriate. People confirmed they were included in decisions about their care. One person said, "Yes I get asked and [my care plan] is reviewed periodically."

The service was responsive to people's changing needs. Records showed that when people's health deteriorated, the service referred people to appropriate health care professionals. One person told us, "I've had problems with my foot, it's swollen. They had the doctor in" and a relative said, "When [my relative] had a fall, she went to hospital as a precaution. If they notice something wrong, the get the doctor in." We looked at a 'thank you' card, which said, "You looked after [my relative's] health concerns so quickly to get people to see her when she fell or felt ill." Care plans also contained detailed information for staff about what actions were required if people's needs changed. Healthcare professionals confirmed they were contacted appropriately, in a timely way and that staff always followed any recommendations they made.

At the time of the inspection no one living at East Cosham House was receiving end of life care. However, the registered manager provided us with assurances that people would be supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free death. We saw a 'thank you' card from a relative of a person who had passed away at the service which said, "It is very comforting that [my relative's] last months were in a place of such safety and care." Some staff members had received training in end of life care and we found that the end of life wishes and preferences for people had been recorded within care records. This should help to ensure that people's wishes were known and acted upon. The registered manager also told us that they would work closely with relevant healthcare professionals and provide support to people's families to help ensure that they were fully involved.

People were supported to access a range of different mental and physical stimulation. People spoke positively about the range of activities available at the service. A relative commented "I'm impressed with the activities. They seem to be aware of people's needs and they're proud of the activities." A part-time activities co-ordinator was employed by the service, who was responsible for organising events and

activities. During the inspection, we observed a morning reminiscence group activity taking place in the main communal lounge, which was well attended and enjoyed by the people involved. Other activities included arts and crafts, quizzes, arm chair exercises, music and pampering sessions. Some people were also supported to attend a day centre in the community. The provider was responsive to exploring new activity ideas within the home. For example, a number of people had suggested group afternoon activities in addition to a morning session. This was followed up by the provider and registered manager who organised a trial period to gain people's feedback. The registered manager told us that they had plans to look at the way activities were held within the service to ensure all people's interests were considered.

Information about how to complain was clear and available for people and visitors to the service. Where people were not able to read this information, or had difficulty in communicating verbally, staff were knowledgeable of how to identify changes in people's behaviours that may indicate they were worried about something. People and their relatives confirmed the provider was open to complaints, suggestions or comments which were responded to. For example, when asked what they would do if they had any complaints one person said, "I would speak to the person in charge" and a relative said, "[The manager] said talk to them if there's anything we're not pleased with or want changed." People and their relatives said they felt comfortable raising issues and that when they did so action was taken. We viewed records of recent complaints. These had been investigated thoroughly and responded to promptly, in accordance with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

People, their relatives and professionals told us they felt the service was well-led. Comments included, "[The service] provides a safe, friendly environment to be in", "East Cosham House is a laid-back home and within that kind of environment, it excels" and "They are good staff here, they are a help. [The deputy manager] is really good, if I have a problem, it will be solved."

Quality assurance systems had been developed to assess, monitor and improve the service. These included auditing aspects of the service, such as infection control, medicines, care planning and fire equipment. However, these were not always effective. Audits carried out by the provider and registered manager had not identified the areas of concern we found during our inspection in relation to medicines management. Staff responsible for administering and recording medicines received regular assessments to ensure their competency was up to date. However, we identified these were not effective, as staff had not followed correct procedures when recording controlled drugs administration.

There was an open and transparent culture within the home. The provider's performance rating from their last inspection was displayed in the entrance area of the service and the registered manager notified CQC of all significant events. Visitors were welcomed any time. A duty of candour policy had been developed and was being followed, to help ensure staff acted in an open and honest way when accidents occurred. There were good working relationships with professionals; a visiting health professional commented, "It is a happy home and is owned by people who do not put profits before quality of care. I really enjoy working there. It is very homely."

There was a clear management structure in place consisting of the registered manager, the deputy manager and senior care staff. Each had clear roles and responsibilities and the management team worked well together. People, their relatives and professionals spoke positively of the leadership of the service and confirmed they were visible and approachable at all times. A health professional commented, "The service is managed well by [the registered manager]. All the staff like and respect him. He is very understanding but professional, as are the staff." Staff were also complimentary of management and told us that they felt confident to raise any issues with the senior management of the service, knowing they would be listened to. Their comments included, "They are fine, they are really supportive" and "I haven't got a bad word to say about [the registered manager]. He is always there when I need him. If I have a problem, he will sort it."

The registered manager told us they felt supported by the provider, who visited regularly and was engaged with the day to day running of the service. The registered manager and provider worked in partnership with management to maintain oversight of the service and to ensure people's needs were being met. The registered manager commented, "[The provider] will pick up the care plans and we cross check the information." Staff commented on the positive input from the provider and felt equally confident to raise issues and concerns with the provider if appropriate. A staff member commented, "[The provider] is very good to talk to as well. She will always pop into the lounge and say hello to everyone when she's here" and another said, "She always reminds us, 'if you need anything, just give me a call'."

The service worked in partnership with the local authority, healthcare professionals and social services to help ensure that people received effective and safe care. The registered manager commented, "It's all about getting information from different sources, like doctors, social workers and relatives." The registered manager was involved in regular care service meetings with the local authority, which provided an opportunity to share best practice with other registered managers. They also keep up to date with national care service subscriptions and CQC publications, which they used to improve their practice. The service had made links with organisations and people within the local community, which gave people living at the service an opportunity to get involved with communal events and activities. For example, the registered manager told us about a carol service that was held at East Cosham House with the involvement of a local school.

Staff told us they enjoyed their jobs and felt appreciated by management of the service. Staff comments included, "I love it, when you come in and it's raining and miserable outside, to hear the residents laughing and joking, it's amazing", "I love my job, I love how we can make people's day by giving them the care they need" and, "I always feel valued. [The registered manager] is always praising everyone up, it's nice to hear. This job is so rewarding, it's a lovely little home." We looked at records of staff meetings which also provided the opportunity to praise staff for their hard work. For example, during one staff meeting, the service cook was congratulated on achieving a five-star food hygiene rating by the food standards agency. Staff meetings gave staff a chance to discuss particular areas of the service collaboratively with their colleagues and put forward suggestions. For example, one staff member had highlighted their interest in completing an additional health and social care qualification, which the registered manager acted on promptly to offer a range of course enrolment dates. A staff member said, "[Staff meetings] are really useful. We don't get to see everyone all the time, so it's nice to get together and we can interact."

Feedback was sought about the service from people, their relatives, staff and health and social care professionals, by sending out an annual survey. The results for the previous survey were on display in the main reception area of the service and actions had been collated to develop an action plan from suggestions and ideas put forward. In addition, resident meetings were held regularly and people's relatives were welcomed to attend. Resident meetings gave the opportunity for people to express their views on the food provided, activities, the attitude and culture of staff and remain informed of any changes to the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines.