Care Quality Commission

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Eagle House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We carried out an unannounced inspection of the service on the 13 and 14 January 2015. Eagle House Care Home provides accommodation and personal care for up to 40 older people who may have a dementia related condition. At the time of the inspection visit there were twenty seven people using the service.

The last inspection took place on the 10 December 2013 during which we found there were no breaches in the regulations we looked at.

The service has a registered manager. 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.

The service had areas that were not clean, hygienic and there were malodours. There were concerns with how soiled laundry was stored. This put people at risk of

Summary of findings

transferring and acquiring infections and was a breach of regulations. You can see what action we told the registered provider to take at the back of the full version of the report.

Staff completed safeguarding training and there were policies and procedures in place to make sure they had guidance about how to safeguard vulnerable people from the risk of harm and abuse.

There were sufficient staff available to meet people's needs and keep people safe. Staff had the right skills and experience and received an initial induction and on going training and support. Recruitment practices were safe and relevant checks had been completed before staff commenced work.

We found people received their medicines as prescribed; improvements were needed to ensure the safe storage of medicines during the medicine rounds.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. The service made appropriate and timely referrals to health care professionals and recommendations were followed. This included support to attend routine health checks.

People told us they felt included in discussions and decisions about their care and treatment. Information was available that advised people about independent advocacy services and information about the service including the registered providers' complaints procedure. The service provided personalised care and treatment; people had been asked what was important to them and how they wished to be cared for. This information was reflected in their plans of care.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered provider had followed the correct process to submit an application to the local authority for a DoLS where it was identified this was required to keep them safe. At the time of the inspection 17 people who used the service had DoLS authorisations in place.

Staff supported people to make their own decisions and gave people choices about the care they received. When people were unable to make their own decisions, staff followed the correct procedures and involved relatives and other professionals when important decisions about care had to be made. Advocacy services had been accessed for people where necessary.

People who used the service had their needs assessed and plans of care were in place which were personalised; this provided staff with guidance about how to care for people taking account of their preferences and wishes. A range of entertainments were provided. There was no formal activity programme and some people sat in their chairs unoccupied for large periods of time.

The environment was safe for people who used the service but improvements were needed with renewal of décor, furniture and fittings in some areas of the service.

People's views were obtained through meetings and questionnaires. Staff monitored the quality and safety of the service but improvements were needed to widen the programme and address shortfalls in quality when they had been identified.

People told us they found the staff and management approachable and could speak with them if they were concerned about anything.

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?

Requires Improvement

The service was not always safe. The service had areas that were not clean and hygienic. Improvements were needed with the storage of soiled laundry items.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medicines were appropriately managed although some aspects of the safe storage of medicines could be improved.

Is the service effective?

Requires Improvement

The service was not always effective. Few of the bedrooms were personalised and areas of the service required redecoration and refurbishment.

Where people lacked capacity to consent to their care and treatment, decisions were made in people's best interest and according to legal requirements.

People were supported to have sufficient food and drink. Where the service had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity. Their privacy was maintained and they were involved in decisions about the service and the care they received.

Staff demonstrated an approach that was caring and attentive to people's needs; they listened to people and provided explanations to care tasks when undertaking them.

Advocacy services were available and we saw evidence of their involvement to support decisions about people's care needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a complaints procedure and people who used the service were able to raise concerns and complaints when required knowing they would be addressed.

All care and support provided was personal to the individual and took account of their needs and wishes. People told us they were able to make choices about all aspects of their day to day lives. However, we saw some people who were not able to occupy themselves received limited social stimulation on the days of the inspection.

Summary of findings

The service worked with a range of health and social care professionals to make sure they responded appropriately to people's changing needs.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Although the service had systems in place to regularly monitor the quality and safety of the service, we found improvements were needed to ensure this was effective throughout the service and appropriate action was taken to address shortfalls when identified.

The registered manager reviewed all incidents and accidents so learning could take place. They notified any incidents to the CQC appropriately.

People, staff and relatives were all complimentary of the management and the support they provided. People and their relatives knew the registered manager by name and said that they were available to speak with.

Eagle House Care Home

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 13 and 14 January 2015 and was unannounced.

The inspection was led by an adult social care inspector who was accompanied by an expert by experience who had experience of supporting older people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make. We spoke with the local safeguarding team and the local authority contracts and commissioning team about their views of the service.

During the inspection we observed how staff interacted with people who used the service. We spoke with five people who used the service and six of their relatives. We spoke with the registered manager, deputy manager, the cook, the laundry assistant, one senior care worker and five care workers. We also spoke with two visiting healthcare professionals during the inspection.

We looked around all areas of the service and spent time observing care. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at information in three care files and the supplementary monitoring records which belonged to people who used the service. We also looked at other important documentation relating to people who used the service. These included: 20 medication administration records (MARs) and Deprivation of Liberty Safeguards (DoLS) for five people which had been authorised by the local authority. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We also looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training matrix record, staff rotas, complaint records, minutes of meetings with staff and those with people who used the service, cleaning records, quality assurance audits and maintenance of equipment records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Eagle House Care Home. One person told us, "That's why I'm here. When you come back from hospital you feel safe again, when you settle in." Another person said, "Yes I feel safe; staff do lots of checks and look after us well."

People who used the service told us staff were available to meet their needs. They said, "If you want anything I have a buzzer, you just pull the cord and they come running even if it's night" and "There's always staff about, don't usually have to wait for assistance."

The majority of relatives we spoke with told us they considered there were enough staff available to meet people's needs. Comments included, "Seem to be enough staff on", "There always seems to be enough around, wouldn't say a big turnover" and "Yes, plenty of staff about." One person considered staffing levels could be improved at times and said, "They could do with a few more, it doesn't affect the general care but sometimes when they want to go to the toilet they have to wait a while."

We asked people who used the service about the standards of cleaning and hygiene at the service. We received mixed comments which included: "The cleaners do a good job", "The home is clean", "If anyone spills anything they soon get a mop and clean it up, they don't leave anything", "Seems fairly clean but I've noticed there is a smell of urine in places" and "Sometimes it smells, but they are going to get that aren't they."

There was an infection control policy and procedure and contracts in place for domestic and clinical waste disposal. Records showed staff had received training on infection prevention and control. We inspected the environment and found some areas were not clean such as floors and paintwork. We also noted strong odours of urine in areas of the service such as the entrance hall, corridors and three people's rooms. Cleaning records showed tasks were completed. The registered manager confirmed flooring in the service was steam cleaned where necessary, but there were no records to show how regularly this was completed. We noted many of the wooden commodes in people's rooms were worn and some vinyl chairs and a stool in the lounge had tears in the fabric which meant they couldn't be cleaned effectively. We also found areas of laminate flooring in the dining room and lounge were damaged and worn which also meant these areas could not be cleaned effectively.

Outside the laundry on the first day of the inspection, we noted laundry bags with soiled lined were stored on the carpet in the corridor. Staff told us this was due to the backlog of laundry which needed to be processed and there was no available trolley to use. When we visited people's rooms we noted some items of linen and bedding were stained and dirty. The waste bins in people's rooms had been removed which meant after hand washing, people had to dispose of the paper towel elsewhere. When we checked equipment in the service such as wheelchairs and hoists we found they were not all clean. This meant the systems designed to maintain the cleanliness of the service were not effective and people were not living in a clean and hygienic environment. The concerns we identified were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the registered provider to take can be found at the back of this report.

The service had safeguarding policies and procedures and the registered manager and deputy manager were aware of who to contact to refer issues of concern. Records highlighted staff had completed training in how to safeguard vulnerable people from harm and abuse and in discussions staff confirmed this. Staff were able to describe the different types of abuse, the signs and symptoms of abuse and how they would report this to the registered manager and other agencies.

Our records showed the registered manager was aware of the requirement to notify the CQC of all safeguarding allegations and investigations. The registered manager discussed with us how the findings from a recent safeguarding investigation had resulted in them changing an alarm on a fire exit door and providing more secure locking devices to a garden gate. We checked and found this work had been completed to improve and protect the safety of people at the service.

Two relatives we spoke with mentioned concerns relating to people's interactions with each other. One person said, "Staff try their best but sometimes things happen that they don't see, some of the residents walk about and come up

Requires Improvement

Is the service safe?

and pinch her or take her drink, they can't help it but they are allowed to wander." During the inspection we found staff were always aware of people moving around and were watchful. For example, we observed when people wandered around staff monitored their whereabouts and responded where necessary by speaking with the person sensitively and they guided the person gently away from situations where they might disturb other people. We found staff were always present in the sitting room and regularly monitored other rooms.

We saw risk assessments were completed to assist in keeping people safe from harm and covered a range of issues such as behaviour that could be challenging to the service or others, skin integrity, nutrition, choking, falls, moving and handling and the use of bedrails. Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. During the inspection we saw staff competently transferring people between chairs and wheelchairs using a hoist. They explained the procedure to people as they guided them into the chair and made sure they remained safe.

Recruitment files showed us staff were employed only following the receipt of references and checks against the register which barred people from working with vulnerable adults. We observed there were sufficient staff to meet people's needs and keep them safe. We saw staff had time to talk with people and spend time with them; routines during both days were generally calm and paced. The registered manager confirmed the staffing levels were determined according to the dependency needs of people who used the service and reviewed regularly. Duty rotas for the previous month showed the required number of staff had been on duty. Five of the six care staff we spoke with told us they considered there were enough staff on duty to meet people's needs, one member of staff said they didn't always have time for one to one support with people.

We checked how medicines were managed and saw these were generally stored, obtained, recorded and administered safely to people. Records showed, and staff told us, they were trained to administer medication in a safe way and their skills were reassessed by the registered manager. Whilst observing the lunch time medicines round in the dining room, we saw the senior care worker left the medicines trolley open and unattended on two occasions which meant there was a risk people who used the service could remove medicines from the trolley and take them. This was discussed with the registered manager to address.

There was a system in place for ensuring equipment was serviced and safe. Records showed equipment such as hoists, fire alarm, call bell systems, portable electrical appliances and gas appliances were serviced regularly. The maintenance person kept a folder of the checks they completed on equipment such as bed rails, window restrictors and hot water outlets. These checks enabled staff to identify issues that required attention and helped to maintain people's safety.

Requires Improvement

Is the service effective?

Our findings

People who used the service spoke positively about the staff and the care and support they received. They also told us they liked the meals provided. Comments included: "Beautiful meals, really good and a pudding every day, even at tea time", "We are all so well fed, the food is excellent, can't fault it", "Not bad, if you like it, I don't like it mushed up but it tastes alright though" and "If you want anything special you can ask them. They have a good cook and a good cake baker, she's marvellous."

People we spoke with said staff were supportive, friendly and efficient at their job. They said, "The staff here must have good training because they all do a great job. I've never had any problems" and "When my leg was bad they organised a doctor."

Relatives told us the staff always contacted the GP when necessary. One person said, "Occasionally the doctor is called if she gets a water infection or they think it is necessary, they do that." They added, "They take them to hospital for routine appointments and a girl always goes with them." Another person told us, "If there were any problems they get the doctor" and added, "Quicker than we can actually."

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. One healthcare professional told us that whenever they visited the service they found the staff worked well with each other and with them. They told us communication was good and that when medical support was needed they sought assistance straight away. The healthcare professional told us, "The staff care about people and the quality of care they provide is very good."

Training records viewed showed that staff had undertaken a range of training and refresher courses to ensure they had the knowledge and up to date skills to meet people's diverse needs.

There was a culture of continued professional development in the service. For example, one staff member told us, "The training is really good. The manager always has a new training course lined up for us and encourages us to undertake the training we need and want to do. It's on going."

Records showed staff undertook an induction programme when they started working in the service. Staff had also completed courses the registered provider considered essential such as: fire safety, safeguarding, first aid, health and safety, infection control, medication, moving and handling and food hygiene. There was additional training to meet the needs of people who used the service which included dementia, diabetes, end of life care and stroke awareness courses.

Most of the staff who worked at the home had also completed a nationally recognised qualification in care. Staff told us they received regular supervision and an annual appraisal to support them in their role; staff records we sampled confirmed this. They also said they felt well supported and the management team were accessible to them at all times.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone may be deprived of their liberty, the least restrictive option is taken. At the time of our inspection 17 people were subject to a DoLS authorisation. We checked five of the authorisation records and found these were in order and reflected the support provided in the care records. The registered manager confirmed they had recently submitted two more applications to the local authority and were awaiting assessment visits to determine the outcome.

Staff understood the principles of the Mental Capacity Act (2005) (MCA) and described how they gained consent on a day to day basis before delivering care to people. They said, "We always talk to people about their care needs and explain any task we are going to do. Some people need more reassurance than others, especially with bathing and using the hoist" and "Sometimes people refuse support and we understand this, we try going back later or see if a new face makes a difference." During the inspection we observed people were always consulted about their care and staff had a kind and gentle approach towards their care delivery.

We saw when people were assessed as not having the capacity to make their own decisions, best interest meetings were held with input from relatives and other

Requires Improvement

Is the service effective?

professionals to plan appropriate care. For example, we saw this process had been followed to support the delivery of personal care, administration of covert medicines and important decisions about end of life care.

We found people had their nutritional needs assessed, risks were managed and care was planned. People's weights were recorded each month and care records demonstrated how the staff worked with health professionals such as dieticians and speech and language therapists to meet people's needs.

Drinks and snacks were available throughout the day and we saw staff regularly asked people if they wished to have a drink or something to eat. We observed lunchtime was well managed and a pleasant experience for people, the majority of people chose to have their meal in the dining room. Staff were readily available to assist people; food was served promptly to individual preferences and tastes. One person chose to have sandwiches as they prefer to eat their main meal in the evening. There were good staff interactions with people and they were well supported in accordance with their individual needs.

The registered manager described how the use of coloured crockery and more consideration of the seating arrangements at mealtimes had improved some individual's nutritional intake. We noted there was one main choice of meal at lunch time and alternatives could be provided such as a baked potato, soup and an omelette; although during both inspection days we saw few people chose to have the alternatives. We saw the meal looked appetising. We also noted portions were sizable and some people left large amounts of food. We discussed this with the registered manager who confirmed she would review the main meal options and portion sizes.

We looked round the service to find evidence of environmental considerations and improvements to support people with dementia. There was pictorial signage to assist people to recognise rooms such as toilets and bathrooms. People's bedroom doors had signs with their name and a picture of something important to them such as a dog, books or an aeroplane. Bathroom and toilet doors were painted red and blue to aid orientation.

However, we found many areas where the décor was tired where paintwork was marked, chipped or worn off. Some people's bedrooms were almost devoid of any personal touches and others had been personalised with the use of people's own furniture and personal items. We noted the wall mural running the length of one of the ground floor corridors was unfinished and needed attention. Furniture in areas such as the dining room, sitting room and some bedrooms was found to be worn and shabby. The registered manager confirmed that new dining room tables and chairs had been ordered.

People's comments about the facilities and décor were mixed and included: "It could be a nicer colour, very dull, dark", "They need some new furniture in the lounge", "Comfortable enough" and "Overall quite stark." Although we saw records to support redecoration of various areas of the service, there was no annual renewal programme in place which had been agreed and approved by the registered provider.

Good

Is the service caring?

Our findings

People who used the service told us staff were very kind and caring. They also said that the staff respected their privacy and dignity and they were able to make decisions about their care. Comments included: "I have my own routines, they help me when I need it, don't rush me they are good like that", "Very nice, couldn't be better, staff look after us so well", "Very good, they look after you, do everything for you, they are very polite, don't shout at you, it's nice" and "I've become friendly with them, there's not a nasty one amongst them."

Relatives spoke positively about the care provided and the kindness of the staff. One person told us that although their relation was having bed rest at Christmas the staff helped them to get dressed and took them to open their presents with all the rest (of the people who lived at the home)." Other people's comments included: "Lovely staff, they're so patient and kind; they pay attention to the little things as well, often they are the things that matter", "Seems to have good care, he's been here a lot of years and I've never found anything wrong", "The care is pretty good, the girls here know her and me, very much so and they keep me up to date."

Staff had good relationships with people who used the service and knew their needs well. They treated people kindly and with compassion. On a number of occasions we saw staff using touch appropriately to reassure people by holding their hands or stroking their arms or back. We also saw people seeking out this comfort and going up to staff and hugging them. On one occasion the senior care worker was sitting on the floor next to one person who was feeling her face and hair and stroking her back, they told us they the person got a lot of comfort from this.

We saw that staff took their time to talk with people and showed them that they were important. We often saw staff crouching down or kneeling on the floor to speak with people sitting in chairs, to effect positive eye contact and communication. We saw when one person became upset staff immediately went to them to see how they could support them. We saw when another person became distressed staff were very good at using distraction techniques and supported them to move to another area and have a drink, which calmed their anxieties.

We observed staff supporting people to maintain their independence during the inspection. For example, one member of staff was supporting a person to walk to the dining room. They assisted the person to get out of their chair, and then encouraged them to mobilise independently with their frame, at their own pace commenting, "Let's walk to lunch now."

One member of staff told us, "We encourage people to do what they can for themselves, it often takes a bit longer but it's better if we can maintain their independence where possible." One relative we spoke with praised the staff for the support they had given their relation when they were discharged from hospital, "The staff are brilliant here, when mum came back she needed help with everything, she'd even forgotten how to hold a cup. She is making such progress now, it's incredible and all down to their support."

All relatives spoken with told us they were given the opportunity to participate in care planning reviews and care planning; documents we checked supported this. Care records showed review meetings were held annually. Records showed the registered manager accessed advocacy services for people who needed additional support in representing their views. For example, an advocate had read through one person's care plans and had signed in agreement to the content.

We were told by visiting family members that there was an open visiting policy and that staff were friendly and welcoming. We observed this during the inspection. One person said, "First thing they say when they open the door is do you want a cup of tea?" Another person said, "It doesn't matter what time I come, the staff are always very welcoming, and it feels like they really value our visits." Another person described when her family from some distance away visited, home staff ran them to a local garden centre for the afternoon and then picked them up later. Staff confirmed some people regularly went out with their families.

We saw a range of information and pictorial displays were provided in the entrance hall and on notice boards in corridors for people who used the service and visitors. These included information on how to keep safe, newsletters, how to make a complaint and forthcoming entertainment. We found some of this information was not

Good

Is the service caring?

up to date such as the menu board, entertainment and Christmas displays. We mentioned this to the registered manager and the information and displays were updated and changed.

Requires Improvement

Is the service responsive?

Our findings

We asked people if they were consulted about their care needs and they felt confident in talking with staff if they had any concerns. They said, "I would talk with the manager, she would sort things out", "I could go to staff if I had", "They show me the paperwork but I'm not interested, my relative sorts all that out for me" and "I haven't seen a care plan but I've been told about it." When we asked people what activities were available they told us, "We have quizzes, like a pub quiz", "A church group comes, a lady comes and sings for us and entertainers come with an organ and sing", "Once a month the church people come and I go to that" ,"I just lay here, watch telly, talk to anyone that comes in" and "Not much for me because I can't walk, there is a television on but it is a bit loud in the lounge."

Visitors we spoke with confirmed staff were responsive to their relative's needs and they considered the care was personalised. One person told us, "I am aware of the care plan, I have had input regularly through routine meetings or I'm called into the office." Another person said, "My relative has significant memory problems. Before they moved in the manager carried out a very extensive interview to find out about everything."

The majority of visitors we spoke with considered improvements could be made with activities. One person told us, "They sometimes get a ball out and do some singing, but I haven't seen much more" they added, "Everyone is sat round the lounge, if they do activities at one end, people sat at the other end of the room can't easily join in." Other people commented, "I've seen people singing and dancing, but I don't think there is a lot going on for the less able" and "I try to come to most things to support them, like the church services, sometimes they have bingo nights."

There was a monthly entertainment programme in place at Eagle House which identified events such as: a church service, visiting entertainment and a bingo evening. Care staff who worked at the service were also responsible for providing activities and meaningful occupation for people. There was no set activity programme in the service and on the inspection days we observed care staff provided support to some people with singing, dancing, playing ball, cake decorating and manicures. We observed some of the staff were much more confident and skilled than others in providing this support. We saw people enjoyed these activities but at times staff struggled to keep people engaged due to the size of the room, the number of people in the room and the complexity of some people's needs in relation to their memory loss and their ability to participate without additional support. For large parts of the inspection people spent their time sitting in the lounge looking around or sleeping.

We saw there were some colourful wall hangings displayed, an activity board and some photo boards along the corridors. One person took comfort from the two therapy dolls they carried around the service. There was an activity 'rummage box' in the small lounge but we did not observe staff encouraging people to use this during the inspection visit, although the registered manager said some people enjoyed this activity.

People's care plan records showed that prior to admission the registered manager had completed a full assessment of people's individual needs to determine whether or not the service could provide them with the support they needed. We found detailed and personalised risk assessments and plans of care had been developed for each person. Care plans were clear, easy to understand and provided good information to enable staff to care for people in ways that supported their individual needs and preferences. Life history records were completed in some of the files seen; this gave the staff information about the person's background so they had an understanding of the person's values, behaviours, interests and people who were important to them. Records showed people's care needs were being reviewed on a monthly basis. Where changes were identified, care plans had been updated and the information disseminated to staff.

Some people with complex needs were cared for in bed and required assistance with all activities of daily living. We checked the monitoring records for three people with these needs. We found some minor recording issues on the first day of the inspection and these were discussed with the registered manager and deputy manager to address. Checks of these records on the second day showed they had been completed appropriately, and immediately after care delivery.

We asked staff how they were made aware of changes in people's needs. They told us they felt well informed and that there were a number of ways in which information was shared, including a verbal handover session at the beginning of each shift and a communication book. They

Requires Improvement

Is the service responsive?

told us they read people's care plans and life histories, which gave them good information about people's needs. Staff spoken with knew the people in the service well, what they liked and how they wanted their care and support provided. One care worker told us, "We get to know our residents really well; we recognise any changes quickly and access the necessary support from the community health team."

People had been provided with the appropriate equipment and support they needed to stay independent and to support their changing needs. One relative described how their relation needed to have bed rest and a new bed and mattress had been provided. The registered manager confirmed how staff completed hourly welfare checks on people who were cared for in bed. We found some people's call bells were not in always in reach which was addressed during the visit.

We saw the complaints procedure was on display in the entrance of the service and staff knew how to manage concerns and complaints raised informally and formally by people. We saw people could go into the registered manager's office and discuss any concerns they had about their support in confidence if they wished. People we spoke with, and their relatives, said they knew how to make a formal complaint if they needed to. We looked at the record of complaints received by the registered manager since our last inspection which showed they had not received any complaints. During the inspection the registered manager confirmed they had received a complaint about the quality of the laundry and were looking into the concerns identified.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and their relatives said the management team were kind and friendly and said they felt they could go to them with any sort of problem. They also confirmed there were regular resident meetings arranged where they could speak with the registered manager and they had been asked to complete surveys about the quality of care and services at Eagle House. One person said, "There are meetings but I don't usually go. If I want to talk to them about something I'd speak with the manager." A relative said, "They had a form to ask how they feel and if they are happy with the home."

The service had a registered manager in post, who was supported by a deputy manager. We saw the registered manager and deputy manager were fully accessible to people. They spent time out and about in the service, seeing what was going on, talking with people and supporting staff. Staff spoke positively about the management team and said they listened well and were effective in dealing with any concerns raised. Regular staff meetings were undertaken and recorded.

Staff told us the morale was good and that they were kept informed about matters that affected the service. Staff were positive about their role. We observed the staff team got on well together and interacted well with each other to ensure consistent and co-ordinated care, people's needs were met appropriately and in a timely manner.

We found the registered provider used surveys and meetings to gain people's views. Records showed regular residents' and relatives' meetings were held. The minutes of one relative's meeting showed a request had been made to include more information in the quarterly newsletters, such as an acknowledgement to residents who had passed away. We found this had been put in place and the feature 'Remembrance Corner' was now included.

We looked at the results from surveys which had been carried out in 2014 with people who used the service, relatives and healthcare professionals. Surveys had been regularly issued on topics such as: communication, dignity, entertainment and daily living. The response to complete the surveys was generally poor with only a small number returned. The results showed overall that people were happy with the care and support they received and how the service operated. One respondent had commented in the 'daily living' survey in August 2014, "Happy and extremely satisfied with all aspects of care given to my mother." Although records showed detailed analysis of the surveys was completed, we found not all the shortfalls had been identified in the quality report and followed up appropriately. The registered manager confirmed she would review this.

The senior management team undertook audits that monitored aspects of service provision. This included regular checks and audits of areas such as: people's weights, health and safety, recruitment, medicines and infection control. We found there were no audits of the environment which checked the quality of the décor, furniture and fittings in the service. We also found the infection control audits showed consistently positive findings and had not identified the majority of issues we identified during the inspection. This meant that the monitoring programme was not effective in assessing and monitoring the quality of services provided. We discussed this concern with the registered manager who confirmed she would review the quality monitoring programme.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents.

We sampled a range of key policies and procedures such as medicines, safeguarding vulnerable adults, restraint and infection control. We found some were outdated and required review to reflect current guidance. We discussed this with the registered manager who acknowledged the policies and procedures required updating and she would address this.

The service had undergone assessment by North Lincolnshire Council in March 2014 where seven quality standards were reviewed and an excellent rating had been awarded for all areas, which was a very positive result. The registered provider had secured the Investors in People Award for the organisation and the registered manager confirmed the award was due for re-accreditation in June 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 People were not protected against the risks of acquiring an infection as the maintenance of appropriate standards of cleanliness and hygiene were not met.