

Susash GB Ltd

Eagle House

Inspection report

43 Stalker Lees Road
Sheffield
South Yorkshire
S11 8NP

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13 November 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection on 13 November 2017. The inspection was unannounced. This meant no-one at the service knew we were planning to visit.

This was the service's first inspection since their registration with the Care Quality Commission (CQC) in September 2016.

Eagle 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. Eagle House is registered to provide accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury. The service can accommodate a maximum of 46 people and offers accommodation for adults aged 55 onwards. The service works with people who have enduring mental health needs or learning disability. The service is divided into residential support with self-catering accommodation or nursing. The residential support is situated in four bungalows. Each bungalow can accommodate up to four people at any one time. At the time of our inspection there were 43 people living at the service.

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

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

People we spoke with were mostly positive about their experience of living at Eagle House. They told us they felt safe and were respected.

Staff were provided with relevant training which gave them the skills they needed to undertake their role. We found that some staff were not receiving supervision and appraisal at the frequency stated in the registered provider's own policy and procedures.

During the inspection we saw staff responded appropriately and saw there were sufficient staff to meet people's needs. However, people who used the service told us there were not sufficient numbers of staff deployed at the weekend.

We found systems were in place to make sure people received their medicines safely so their health needs were met. However, we saw the guidelines in place to help staff administer medicines prescribed 'as required' needed to be more detailed to support people consistently and safely.

Staff recruitment procedures were in place. The registered provider ensured pre-employment checks were carried out prior to new staff commencing employment to make sure they were safe to employ. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

A programme of activities was in place. However, we observed people living at the service not joining in with activities and were not provided with social stimulation, which was based on their preferences. The registered provider told us they appointed a new activities coordinator who was due to start working at the service.

We saw policies in place to treat people with dignity and respect. We found improvements were needed to practices to promote people's dignity who lived at the service.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account individual dietary needs and preferences. This meant people's health was promoted and choices could be respected.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. Issues were not always being identified in audits and provider visits were not being recorded.

Further information is in the detailed findings below.

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 not always safe

The provider had systems in place for managing medicines and people received their medicines in a safe way. Medicines were not always stored under conditions which maintained their quality.

Staff knew how to safeguard people from abuse and had received training in this subject.

During the inspection we found some concerns about the environment within the home.

We received mixed views about the staffing levels at the service from people living at the service.

Requires Improvement 

Is the service effective?

The service was not effective.

We found that not all staff were receiving supervision and appraisal at the frequency determined by the service's own policies.

The registered provider were not carrying out checks to monitor staff's competency with administering medicines.

People were provided with a balanced diet and had access to a range of healthcare professionals to maintain their health. We found allergen information for individual meals was not clearly identifiable.

Weight and tissue-viability assessments were not always accurate.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

Requires Improvement 

Is the service caring?

The service was not always caring.

Requires Improvement 

Improvements were needed to practices to promote people's dignity.

Feedback from people living at the home gave mixed feedback about the quality of the care.

Is the service responsive?

The service was not always responsive.

People were not provided with social stimulation which was based on their preferences.

We saw the service supported some people who used the service and their relatives, before and after death. We found not all people had end of life plans in place where appropriate.

The service had a complaints procedure and people felt at ease to raise concerns.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

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

We saw found the registered provider had not complied with feedback raised after stakeholder visits and actions plans were not met. At inspection we found the same issues still outstanding which meant feedback was not acted upon.

Requires Improvement ●

Eagle House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 November 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

We asked the provider to complete 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 improvements they plan to make. The PIR was completed and returned as requested.

We gathered information from the local authority's contracts team who also undertake periodic visits to the home. They gave us feedback from their recent visit which took place in August 2017.

At the time of our inspection there were 43 people using the service. During the inspection we spoke with nine people who used the service. There were no visitors to the service on the day of the inspection. We spoke with the registered provider, registered manager, deputy manager, one senior care assistant, cook, administrator and care taker.

We spent time observing daily life in the home including the care and support being offered to people.

We looked at documentation relating to people who used the service, staff and the management of the service. This included three people's care records, three staff records, and the systems in place for the

management of medicines and quality assurance.

This information was considered as part of our judgements made about the service.

Is the service safe?

Our findings

Most people who used the service told us that they felt safe and commented; "I've never been mistreated." Another person told us, "I feel very safe; [staff] are a good laugh."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues and said they would always report any concerns to the registered manager. They also felt confident they would be listened to, taken seriously and appropriate action would be taken to help keep people safe.

Staff we spoke with were able to describe the registered provider's whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

We saw the registered provider kept a safeguarding log which documented all safeguarding incidents which had occurred at the home. We saw the registered provider responded to risk, followed procedure and took appropriate action to safeguard people from harm. We saw that safeguarding incidents corresponded with our own records which demonstrated the registered provider was adhering to reporting requirements under regulation.

We looked at four staff files and found procedures for recruiting staff were followed. Staff we spoke with told us they had completed pre-employment checks before they commenced their employment with the provider. This included references from their previous employment and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

On the day of the inspection the following staff were working at the service; six care assistants, one senior care assistant and one nurse. We also met the registered provider who came to support the registered person during the inspection. We looked at staff rotas and found they reflected the number of staff working. For night time shifts the rota showed two care assistants and one nurse on duty. The staffing numbers were worked out using a dependency tool. This identified the level of dependency for each person, such as low, medium and high dependency. Throughout the day we observed that people received timely care and staff did not appear rushed.

People who used the service gave mixed feedback about the staffing levels at Eagle House. Comments include; "Sufficient staffing levels in the day but not many at night and weekends they are short of staff." People also gave mixed feedback about staff responding to call bells; "Yes [staff] come when you ring I don't wait very long," and "Yes but we usually have to wait a while at weekends." We saw the weekend rota reflected people's identified dependency level. However, the registered provider should consider people's views as part of their decisions about staffing levels.

We also carried out observations during lunch time on the nursing unit and saw that there was appropriate staffing in place to meet people's needs.

The service had no agency care staff working on the day of the inspection. However, the registered provider told us they use agency staff on nights, which they source from nominated agencies who were familiar with their service. The registered provider told us they looked at agency staff profiles to ensure that staff had the appropriate skills and training. Agency staff were also inducted and paired with regular staff so that care remained person centred.

We looked at eight people's care plans and saw each plan contained risk assessments, which identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence. However, risk assessments for malnutrition and tissue viability were not always accurate. Please see 'Effective' section of the report for full details of our findings.

We looked at records relating to accidents and incidents and found there were some months where a large number of accidents had occurred. For example in October 2017, 17 falls were recorded on the falls audit. We saw that the registered provider had analysed this and looked for trends, patterns and actions they could take to minimise falls. For example, we saw one person was referred to health services so they received the right support for their mobility needs.

We asked people about the help they got with their medicines and they told us they were happy with the support they received. Comments included; "Yes [staff] give them me when I need them."

We found that people's medicines were managed in a safe way. Medicine was administered to people by the care staff. We looked to see if medicines were kept safely and at the right temperature. We were not confident that medicines had been stored at the right temperature. The service's daily temperature records shows some missing entries from daily temperature records and several days in July 2017 where the room exceeded the temperature threshold with no action taken by the registered provider. If medicines are not stored properly they may not work in the way they were intended, and so pose a potential risk to the health and wellbeing of the person receiving the medicine.

Some people who use the service were prescribed controlled drugs. These are medications which are subject to regulation and separate recording. We checked the controlled drugs book and found that these medications were recorded correctly and that the medication in stock corresponded with that recorded in the book.

We saw regular audits of people's medication administration records (MAR) were undertaken to look for gaps or errors and to make sure safe procedures had been followed. We found the registered provider were not checking the competency of staff administering medicines which meant they were not able to show us evidence staff were performing their roles correctly or that poor practice was being identified and acted on. This placed people living at the service at risk of not receiving safe care and treatment. At inspection we observed staff administering medicines correctly. Staff spoken to told us they felt confident administering medicines and they received regular training. We recommended that the registered provider start checking the competency of staff administering medicines.

We checked three people's MAR and found they had been fully completed. We saw the service used hand-written MAR charts which were signed by one member of staff. This should be signed by two staff members to reduce risk of medicine administration errors and record tampering. The medicines kept corresponded

with the details on MAR charts. We found the registered provider were not recording the medication carried forward amount on the MAR at the end of each month which is required to maintain a clear audit trail and reduce the risk of record errors.

Some people living at the service were prescribed medicine on a PRN (as and when required) basis. We saw the guidelines in place to help staff administer medicines prescribed 'as required' needed to be more detailed to support people consistently and safely.

We saw some people were prescribed topical creams at the service and staff were administering these as prescribed. However, body maps were not used which meant staff had no clear information about which area of the body to apply the topical cream. We shared this information with the registered provider they assured us action would be taken.

We saw that staff had completed training on fire safety and evacuation. This meant staff had the necessary skills and understanding to evacuate people safely in the event of a fire. We saw that the service had personal emergency evacuation plans (PEEPs) for each person who used the service. PEEPs are a support plan for people who may need help and assistance to leave a building in the event of an emergency.

We found there were satisfactory arrangements in place for people who had monies managed by the service. We examined three people's financial transaction records and found they were fully completed and corresponded to the hard copy record. The administrator at the service was aware of the actions to take when handling people's money so safe procedures were adhered to and helped protect people from the risk of financial abuse.

During the inspection we found some concerns about the cleanliness of the home. For example, we found there was a presence of malodour in certain areas of the service throughout the inspection period and the lounge carpet was heavily stained. One person we spoke to commented the service frequently smelled unpleasant which impacted on their relatives wanting to visit. They also told us they prefer to sit on the floor because they believed it was more hygienic than using the seats provided. We saw the home was generally clean and domestic staff were observed using colour coordinated cleaning materials to the reduce risk of cross contamination. The registered provider told us they were aware of occasional unpleasant smells at the service and these areas were regularly cleaned. We saw the service carried out monthly infection control audits and in their October 2017 audit the registered provider had identified the lounge carpet for replacement. After the inspection the registered provider submitted a refurbishment plan to the CQC, which included an action to replace carpets in the lounge and malodourous areas of the service by November 2017.

Is the service effective?

Our findings

We saw in care records that people had had their nutritional needs assessed, including likes, dislikes, allergies or special diets. We saw that referrals to relevant professionals were made, such as dieticians, so that risks could be monitored and reduced. Weight management and monitoring charts were in place and were completed with relevant frequency. However, records were not always accurate. We saw the service used Malnutrition Universal Screening Tool (MUST) so emerging risks could be quickly identified. MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. It also provides clear guidance for staff so they know when to escalate concerns around nutrition to a health professional. We found staff were not always completing people's MUST scores correctly each month which meant not all risks were being managed effectively. For example, in a record we checked it showed a person living at the service had lost ten percent of their overall body weight each month from March 2017 to July 2017, which would represent a significant amount of weight loss and a referral to a health professional would ordinarily be prioritised. When we checked this against weight charts we saw no significant weight loss. We also found people's Waterlow scores were not always being recorded monthly. Waterlow assessment is a pressure sore risk assessment tool used to identify individuals at risk of developing a pressure ulcer. We saw in one person's care record they were at 'high risk' of developing a pressure ulcer but no risk assessment was in place which meant staff had no clear guidance on this person's pressure care needs. We found risk assessments were not always updated after an accident or incident. For example, we saw one person had fallen at the home but this was not reflected on the mobility risk assessment. This showed people did not always receive person-centred care which was appropriate and met their needs.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

After the inspection the registered provider submitted a completed action plan to rectify issues around record keeping. One completed action was making the senior team aware of the importance of maintaining accurate records.

People who lived at the service spoke positively about the meal options available. However, some people spoken to told us they did not always get their first choice of meal options. Comments include; "sometimes [the service] run out of what you want and then you have to have what is left." Another person told us, "[staff] don't do enough of what you want." People also told us they felt supported to eat and drink well. One person we spoke with told us; "I have tea when the trolley comes and water when I want" and another person said; "I like the food, I get to the table first so I get what I want."

We carried out observations on nursing unit during breakfast and lunchtime and saw that there was a relaxed and calm atmosphere. We observed staff providing support to people during mealtimes and found that staff were able to meet people's needs and did so in a caring manner. One person told us, "[staff] cut up my food for me; [staff] are kind like that." We heard staff offering people a choice of meal and, if a person did not wish to eat any of the choices given, they were offered alternatives. Staff were aware of, and respected, people's food and drink preferences.

We found a varied and nutritious diet was provided to support people's health. We saw people were regularly offered drinks and snacks. We looked at menus and found they incorporated fresh fruit and vegetables. We saw that meal options were displayed in writing or people were shown their meal options to help them decide. We saw evidence the service held taster sessions with people living at the home to decide the next four weekly menu.

We found that the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. The cook was able to tell us about people's nutritional needs and how these were being managed. This included fortifying foods with higher fat alternatives to encourage weight gain. Conversely the cook also told us meals were oven cooked to avoid unnecessary fat content for people who wanted to lose weight. We found allergen information for individual meals was not clearly identifiable. We discussed this with the cook at inspection and they immediately implemented a written record of allergen information contained in meals provided. This demonstrated that people were encouraged to maintain a nutritional, well balanced diet and were supported with their nutritional needs.

We found that not all staff were receiving supervision and appraisal at the frequency required by the provider's policy and procedures. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. Staff we spoke to told us they felt supported and were receiving regular supervision and appraisal. When we checked written records we could not always see evidence of supervisions taking place. We saw evidence of written records for staff appraisals which were within the timescales as required by the provider's policy. After the inspection the registered provider submitted an action plan to start carrying out staff supervisions at the frequency as required by policy.

People we spoke with who lived at the home confirmed the home was effective in meeting their needs.

The registered person told us that new staff received an induction programme, which involved in-house training and shadowing experience. Training was primarily e-learning based with some face to face training for areas which were better suited to visual learning, such as moving and handling. We looked at the training matrix for ten staff members, which included nurses, care assistants, an ancillary non-care providing staff. We found that staff had received appropriate training to support them to carry out their roles effectively and this was renewed regularly. For example, we saw care assistants were trained on safeguarding adults, dementia care, fire safety, first aid, health and safety, prevention and control of infection. We saw that domestic and catering staff had completed a similar training programme, with the exception of the catering staff, who completed additional training on foundation level food safety. Staff we spoke to were confident and knowledgeable in their roles.

People living at the home said their health was looked after and they were provided with the support they needed. One person told us, "Yes we see a doctor every week. I also see a chiropodist."

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs and dentists. We saw evidence that community health professionals were visiting regularly. This showed the registered provider was working in partnership with other agencies so people received effective care and their health needs were met.

We looked at the care records for eight people who used the service. We found evidence that people were

consulted about how they wanted to receive their care and where possible consent was obtained for care and treatment as part of the registered provider's admission process.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection the registered provider told us there were nine people living at the home who were subject to a standard authorisation with no conditions. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests. This demonstrated that the provider was working to the principles of the MCA.

Is the service caring?

Our findings

During the inspection we found that some people had not received appropriate care to maintain their dignity. For example, we observed at breakfast that some people had food debris on their clothes. We monitored these individuals throughout the inspection period and saw their clothing had not been changed or cleaned in that time. We also saw some people living at the service looked unkempt and unwashed. For example, some people's hair was untidy and uncombed. One person had not shaved in several days and fingernails were long and discoloured from brown dirt. We saw records were in place to monitor the frequency of people bathing. However, records did not show when personal hygiene had been offered or declined which meant we were not able to check if the provider was regularly offering people personal care. In one care file we checked we saw a person had not bathed for several weeks with no follow up action taken by the registered provider. The registered provider told us they supported people with their personal hygiene daily and respected people's preference to decline care. This showed people did not always receive person-centred care which was appropriate and met their needs.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

During the inspection we saw some positive interactions between staff and people using the service. We observed the care team consistently communicated at eye level when people were seated. We also observed staff chatting with people who used the service in a friendly and familiar way. Some people we spoke with made positive comments; "very good [staff]." Another person told us; "[staff] look after me." However, some people told us that some staff working at the service were not helpful or friendly.

Staff told us they enjoyed working at the home and said the staff worked well together as a team.

We did not observe staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss personal information in public or disclose information to people who did not need to know. Any information which needed to be passed on about people was done so in a discreet fashion. For example, during staff handovers. This helped to ensure only people who had a need to know were aware of people's personal information.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission to enter their rooms. This showed staff respected people's privacy.

We looked at the services Statement of Purpose, which sets out their aims and values. This was accessible to all people living at the service. We observed staff interactions encompassed the service's aims and values, such as being respectful and honest.

For people who wished to have additional support whilst making decisions about their care, information on

how to access an advocacy service were displayed in communal areas of the home. There was information and leaflets available in the reception area including, feedback forms, resident and relative support line and a picture board with all staff working at the service.

Is the service responsive?

Our findings

We saw the service supported some people who used the service and their relatives, before and after death. Some people had end of life care plans in place and Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor and a family relative as appropriate. We found not all people living at the service who were at the end stages of their life had an end of life plan in place. This meant there was no clear information about how they wanted to be supported during the end stages of their life. After the inspection the registered provider submitted an action plan to the CQC so that all people at the end stages of their life had an end of life plan in place.

People we spoke with gave mixed feedback on the quality of the activities provided at the home. One resident said; "There isn't any activities in here so I watch television." Another person told us, "We can go to bed when we want, but we don't have activities in here so I read a lot." Most people living in the residential bungalows told us improvements were needed to the programme of activities available at the home. We saw evidence that people living in the bungalow had regular access to the community and visited the shops on Ecclesall Road.

People living in the nursing unit spoke more positively about the activities available. One person we spoke to told us they participated in wheelchair dancing which they enjoyed. Another person told us; "Yes, we have fun. We do things like karaoke." During our inspection we saw some activities taking place on the nursing unit. However, we observed periods where people were sat in the nursing lounge area and there was nothing to socially stimulate them. We observed people watching television in the residential bungalows, but no socially inclusive activities taking place. Staff we spoke to told us the service would benefit from increased staffing or a permanent activities coordinator so they could spend more quality time with people living at the home. At inspection the registered provider told us they had appointed a new activities coordinator who was due to start the next day.

The registered manager told us they hosted events and entertainers visited the service. The registered manager also told us that they had supported people from different religious and cultural backgrounds. This showed that the service respects all people's choices.

We saw people's care records contained information about a person's life history, preferences and activities they enjoyed so that staff could support people to meet their wishes and aspirations. However, our findings during the inspection we saw that some people using the service had not received appropriate care. During the monthly reviews of care and support plans, information was updated or added to, to ensure it was still correct and relevant. One person's file we checked showed information was not updated to their support plan after a fall at the home. Care records stated staff must not use a Rotunda to mobilise this person. A Rotunda is a transfer aid to help move people from a seated position to a standing position. Staff told us this person used a Rotunda which was appropriate for this person's needs. This meant care plans did not always reflect people's current needs.

The registered provider had a complaints procedure and the registered manager kept a record of any

concerns received. We saw the record also included relevant letters and information relating to concerns. This showed the registered provider acted on complaints. We saw that the service had received two complaints in 2017 and were not serious. For example, one complaint concerned an incident of raised noise levels at the service. We saw that the registered provider had followed their policy and responded appropriately. We saw people had access to a copy of the complaints policy in the reception area. People spoken to understood the complaints process and told us they felt confident raising concerns informally to staff.

Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were each day.

Is the service well-led?

Our findings

The management team consisted of a registered manager, a deputy manager, nursing and senior care staff. This meant that people living at the service and staff had a clear support structure should they need escalate any concerns.

We saw found the registered provider had not complied with all actions raised after stakeholder visits. We saw that the Clinical Commissioning Group (CCG) visited the service on 10 May 2017. The CCG is a National Health Service (NHS) organisation which is responsible for buying and contracting healthcare, which includes services people receive in a community setting. At the CCG visit they identified further detail were needed in protocols for the usage of PRN medicines. They also identified improvements were needed to monitor clinic room temperatures so that medicines were stored under appropriate conditions. We found at inspection this feedback was not acted upon. This showed the registered provider did not act on feedback from relevant persons for the purposes of continually evaluating and improving their services.

We saw a pharmacist visited the service on 11 July 2017 to check the safe storage and administration of medicines. They identified the registered provider was not checking staff's competency on medicines administration. They also identified that carried forward amounts were not recorded on MAR sheets. This was feedback to the registered provider and action plan was in place to complete by August 2017. At inspection we found the same issues still outstanding with no action taken. This showed the registered provider did not act on feedback from relevant persons for the purposes of continually evaluating and improving their services.

We found the registered provider complied with Local Authority visits but not all feedback had been acted upon. The Local Authority carry out periodic checks on care services to ensure they are meeting contract requirements and people are receiving quality care. We saw evidence the Local Authority raised concerns about people living at the service being unkempt and a lack of personal hygiene following their visit in September 2017. At inspection we found similar concerns which meant not all feedback was acted upon. This showed the registered provider did not act on feedback from relevant persons for the purposes of continually evaluating and improving their services.

During the inspection we also found concerns relating to some people's records. This showed the registered provider did not always maintain an accurate, complete and contemporaneous record of each person living at the service, including a record of care and treatment provided.

Our findings during the inspection showed monthly audits were not always effective. For example, we found issues with staff not recording Waterlow and MUST scores correctly, which was not identified in the registered provider's audits. This showed the registered provider did not operate effective systems and processes to assess, monitor and improve the quality and safety of the services provided.

The registered provider told us they carried out their own visits to the service. However, visits were not being recorded so we could not see evidence of this at inspection. This showed the registered provider did not

operate effective systems and processes to assess, monitor and improve the quality and safety of the services provided.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Staff spoke positively about the management arrangements. Staff told us they felt well-supported, valued and confident bringing any issues to the attention of the management team as these would be resolved quickly and effectively.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed when practice guidance and legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant staff were kept up to date with current legislation and guidance.

We saw the registered manager and the deputy manager were visible and fully accessible on the day of our inspection. We also met the registered provider during our inspection and saw that they actively supported the registered manager with the inspection process. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well.

We saw an inclusive culture in the home. All staff said they were part of a team and enjoyed their jobs. We saw evidence that regular staff meetings took place which looked at what issues staff were experiencing in their roles and what support they needed to do their jobs well. This demonstrated that the management team listened to staff and supported them where applicable.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

We found that the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. We saw the registered provider sent out resident surveys to all people living at the service in September 2017. The survey covered aspects of people's care and treatment. We saw seven people completed the survey and feedback was mostly positive. For example, we saw six out of the seven people who participated in the survey were happy with the management team at Eagle House. We could not see evidence of regular resident meetings taking place. One person we spoke to told us; "They stopped our tenants meeting ages ago, we need them back."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People did not always receive person-centred care which was appropriate and met their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider did not act on feedback from relevant persons for the purposes of continually evaluating and improving their services. Operating systems and processes were not always effective to assess, monitor and improve the quality and safety of the services provided.