Mr Nish Thakerar & Mr Kumar Thakerar

Eagle House Care Home

Inspection report

Fleetgate
Barton Upon Humber
South Humberside
DN18 5QD

Tel: 01625635440
Website: www.careplushomes.com

Date of inspection visit:
01 December 2016
02 December 2016

Date of publication:
30 December 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Eagle House provides personal care and support to up to 40 older people some of whom are living with dementia. The service is centrally located in a town, close to local facilities. On the day the inspection took place, there were 24 people living in the service and one person was attending the service for day care.

The service had a registered manager in post. 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. Following the last focused inspection in January 2016, the registered provider took the decision to appoint the registered manager from another of their services locally, to manage Eagle House. An assistant manager and a new deputy manager provided support with the day-to-day administrative and management duties.

At the rated comprehensive inspection in September 2015, we found there were shortfalls with the staffing levels, environment, infection control and governance systems and there were breaches in regulations. We rated the service as 'requires improvement' in the effective, responsive and well-led domains, 'good' in the caring domain and 'inadequate' in the safe domain. We rated the service as 'requires improvement' overall. We then completed a focused inspection in January 2016 to review the safe domain and found the necessary improvements to the staffing levels and infection prevention and control systems had been made. Following the focused inspection in January 2016, the rating for the safe domain improved to 'requires improvement'. We undertook this unannounced inspection on the 1 and 2 December 2016.

People and relatives spoke positively about the service and said it provided good quality care in a personalised and friendly way. We observed a positive and inclusive atmosphere within the home and people told us they felt safe living in the service. We saw staff interacting with people and they did so in a kind, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

We saw there were enough skilled and experienced staff on duty to meet people's needs. We found staff had been recruited using a robust system that made sure they were suitable to work with vulnerable people. They had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills.

We found staff ensured they gained consent from people prior to completing care tasks. The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People praised the food provided by the home and improvements had been made to the menus to offer more choice. Staff provided a person centred approach at mealtimes and people's nutritional needs were met by the service.

People's privacy and dignity were respected and staff provided people with explanations and information, so they could make choices about aspects of their lives. People and their relatives said staff were always kind and caring and treated them well. Staff demonstrated a good understanding of the people they were caring for. Information on people's lives had been sought to help staff provide individualised care.

People's healthcare needs were assessed and met by the service in conjunction with a team of health professionals. The care files we checked were individualised and reflected people's needs and preferences in detail. Care plans and risk assessments had been reviewed and updated on a regular basis.

We found people received their medicines as prescribed. Medicines were obtained, stored, administered and recorded appropriately.

An activity co-ordinator was now employed and we saw people were encouraged to participate in a wide range of activities at Eagle House, in the community and to maintain their independence where possible. Relatives told us they could visit at any time and we saw staff supported people who used the service to maintain relationships with their family.

Improvements had been made throughout the service with redecoration, refurbishment and to provide a more homely and comfortable environment for people. Everywhere was clean and fresh; staff were committed to maintaining appropriate standards of cleaning and hygiene.

People told us they had no complaints but would feel comfortable speaking with staff if they had any concerns. We saw the complaints policy was readily available to people who used or visited the service. There were systems in place to enable people to share their opinion of the service provided and the general facilities at the home.

We found improvements in the way the service was managed. The quality monitoring system had been reviewed, developed and strengthened. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were recruited safely and employed in sufficient numbers in order to meet the needs of people who used the service.

Risks to people were appropriately assessed and managed. Medicines were managed safely.

Staff knew how to safeguard people from avoidable harm and the registered provider had clear systems in place for staff to follow if they suspected abuse had occurred.

Sustained improvements had been made to the standards of cleanliness and hygiene throughout the service.

Is the service effective?

Good

The service was effective.

People were able to make choices about aspects of their lives. When they were assessed as lacking capacity for this, the registered provider acted within the principles of the Mental Capacity Act 2005.

Staff had access to training, supervision and support to help them feel confident when supporting people.

Improvements had been made to the mealtime experience and people received the assistance they needed with eating and drinking. The service had good links with health and social care professionals and appropriately referred people for more specialised support if this was needed.

Sustained improvements had been made to the quality of the environment to provide people with a more homely and comfortable place to live.

Is the service caring?

Good

The service was caring.

Positive relationships existed between people who used the service and staff, who engaged with them sensitively and ensured their rights to make choices about their lives, were upheld.

People's wishes for privacy were respected and their personal dignity was maintained by staff who demonstrated care and compassion for meeting their needs.

Staff supported people to be as independent as possible and focused on supporting people's emotional well-being as well as their physical care needs.

Is the service responsive?

Good

The service was responsive.

Assessments were completed and care plans were produced in a person-centred way which helped to guide staff in how to support people in the way they preferred. People's changing needs were identified and responded to which ensured people received the support they required.

There was a better range of activities provided and more regular access into the local community, which helped people to have meaningful occupation and stimulation.

People were supported and encouraged to say if anything was not right about the service, and there were systems in place for them or their relative to make a formal complaint.

Is the service well-led?

Good

The service was well-led.

The culture of the organisation was more open and inclusive. People who used the service and staff were provided with more opportunities to express their views about how the service was managed.

The registered manager had made improvements to the quality monitoring systems to support the continued development of the service. The registered manager was open to suggestions and was enthusiastic about implementing new guidance and ways of working, to provide a better service for people.

Staff reported that morale had improved significantly. The staff worked well as a team and they had an enthusiastic approach to

their work.

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 registered 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 unannounced inspection was carried out by an adult social care inspector and took place on 1 and 2 December 2016.

Before the inspection, we asked the registered provider to complete 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 looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection, we spoke with the local safeguarding team and the local authority contracts and commissioning team regarding their views of the service. We also spoke to a social care professional who visited the service. There were no concerns from any of these agencies or professionals.

During our inspection we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with six people who used the service, four relatives, two visiting health care professionals and the pharmacist from the pharmacy provider. We also spoke with the registered manager, assistant manager, deputy manager, a senior care worker, two care workers, a domestic, laundry assistant, activities co-ordinator and the cook.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to them such as accidents and incidents. We 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 also looked at a selection of documentation relating to the management and running of the service. These records included three staff recruitment files, the training record, the staff rota, supervision records, minutes of meetings with staff, relatives and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We conducted a tour of the service.

Good

Is the service safe?

Our findings

People living at Eagle House told us they felt safe living there. One person said, "It's lovely here, I feel safe." Another person told us, "Yes, I feel safe here because the staff are always around." Relatives told us they felt their family members were in 'safe hands' and had no concerns about their welfare. Comments included, "The home is very good, mother is very safe" and "Absolutely safe, I don't have a minutes worry about that."

People who used the service and relatives told us the home was kept clean and tidy. One person told us, "Everywhere is kept very clean and they keep my room very nice." Comments from relatives included, "There have been a lot of improvements with the cleaning and the environment. There's never any smells these days and it looks much cleaner everywhere", "Very clean around the home now, the staff work hard to maintain good standards" and "Always clean, we have never had any odours."

We looked round the environment and found the standards of hygiene and cleanliness throughout had been well maintained. All areas seen were very tidy, clean and fresh. Additional domestic hours were provided and new cleaning allocations and systems had been introduced. These included, the allocation of staff to work on separate floors and the domestic staff using a labelling system to indicate when a room had been cleaned. Staff had continued to maintain the daily room checks which recorded when bedding was checked and changed. A health care professional told us there had been a lot of improvements with the environment and the service always appeared clean, tidy and had no unpleasant odours.

Staff demonstrated a good understanding of how to safeguard people who received support, they were aware of the types of abuse and how to report concerns. Staff had received up to date safeguarding training. They told us they would always share any concerns with the management team. They were confident concerns would be taken seriously and the action required to keep people safe would be taken.

We found care and support was planned and delivered in a way that promoted people's safety and welfare. Risk assessments were completed to guide staff in how to keep people safe and minimise the risks associated with specific activities of daily living. These included areas such as, moving and handling, falls, nutrition, swallowing difficulties and the use of equipment such as bedrails. We found the risk tool used to identify people's risk of sustaining pressure damage was limited and did not provide staff with a clear risk rating. The deputy manager confirmed they had identified this issue in the audit programme and they were currently looking for a new assessment tool to use.

Staff demonstrated a good understanding of people's needs and how to keep them safe. We observed staff supported people to move around safely using equipment such as walking frames and wheelchairs. Equipment and utilities used in the service, such as the lift, hoists, fire alarm, call bells, hot water, gas and electrical items were maintained and checked by competent people. Contingency plans were in place for emergencies.

We saw accidents and incidents were investigated and appropriate action was taken to prevent their re-occurrence. For example, outcomes showed the involvement of healthcare professionals and the

introduction of technology such as sensor mats, following a fall. There were systems in place to manage emergency situations. We saw people had personal emergency evacuation plans, which provided staff with guidance in how to move people to safety quickly and efficiently when required. The registered manager told us they had completed full service evacuation drills over the summer and the staff had managed these well.

The registered manager confirmed there had been low staff turnover at the service. We looked at three staff files and saw people were protected by safe and robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The records we looked at confirmed all staff were subject to a formal interview which was in line with the registered provider's recruitment policy. The registered manager confirmed people who used the service had been involved in the interview process with new staff and it had given the registered manager an opportunity to see how potential employees interacted with them.

During the inspection, the pharmacist from the supplying pharmacy completed a full audit of the medicines systems. We met with them following their audit to discuss their findings. They found medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. They told us the team of staff at the service wanted to get things right. Some minor recommendations were made, such as, ensuring handwritten entries on the medication administration records (MARs) were always witnessed by a second member of staff to ensure accuracy. They also identified a recent temperature of the medicines fridge was below the recommended guidelines and staff were not always carrying over the total amount of medicines each month to support effective auditing procedures. These points were mentioned to the registered manager to address. We observed the senior care worker administering medicines to people. They were patient with people and took time to check if they wanted 'as required' medicines, such as pain relief.

Staffing levels provided during our inspection met people's needs. The registered manager considered people's dependency and support needs, which determined the staffing levels provided at the service. On the day of our inspection there were 24 people using the service. The staffing rota indicated there was one senior care worker and three care workers on shift each morning and afternoon. This reduced to a senior care worker and two care workers during the night. There were separate staff for activities, administration, catering, domestic, laundry and maintenance tasks. The deputy and junior managers had supernumerary hours. The deputy manager explained how they worked on the 'floor' assisting staff and providing direct care to people each morning and at other times when necessary. We found these hours were not detailed on the staff rota and advised they were included, to evidence the additional hours provided to support people's care. The registered manager explained how they divided their time between the two services they managed, usually working two and a half days at each home. Throughout the inspection we noted people were not made to wait for care and support and their requests were met by attentive staff.

Staff told us the current staffing levels were satisfactory to support the needs of the people who used the service. One member of staff said, "Yes, the staffing levels are about right. The deputy [manager] works on the floor a lot assisting us and having the activity co-ordinator has made a difference" and "Yes, I think we have enough staff on. The team work here is very good and we have time to spend with people."

Good

Is the service effective?

Our findings

Relatives spoke very positively about the effectiveness of the care. They said the service had been effective in ensuring good outcomes for people. For example, one relative told us how their relative's condition had improved greatly during the time they had been in the home, with their weight increasing due to attentive and skilled staff. Another person said, "Brilliant care, it's really, really good." We also asked people and their relatives about the environment. They told us there had been a lot of improvements in the last year and it was much cleaner and more homely everywhere. Comments included, "There is a lot of new flooring and many of the rooms have been redecorated, the hall looks much more welcoming, they definitely go the extra mile" and "Much more decoration recently."

At the last comprehensive inspection in September 2015, we found areas of the premises were not well maintained. This meant there was a breach in Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice. At this inspection we found improvements had been made throughout the service. We found further improvements to the environment, such as new flooring in the lounge, service corridor, bedrooms and medicines room. A bathroom had been adapted into a hairdressing salon. More bedrooms had been re-decorated and efforts had been made to make the rooms look more homely and comfortable, with the provision of additional furniture, soft furnishings and pictures. A relative told us how their family member's room had been redecorated and furnished in the style they preferred, with some lovely homely touches. They said, "The room is beautiful, the whole family think so, a lovely place to be."

There was some use of contrasting paint colours, photographs on doors and pictorial signage to provide orientation for people living with dementia. White boards, large faced clocks and activity boards also provided people with stimulation, visual prompts and information.

A renewal programme was in place and the registered manager confirmed they were looking to have a new conservatory in place by summer 2017, which would provide additional communal space. Externally, the registered provider had taken the decision to fence off some boundary walls in the car park; due to their poor condition and difficulties in ensuring timely and essential maintenance work was completed. These fence panels were due to be in place by the end of December 2016.

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 make 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 when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). There was one person who had a DoLS authorised by the supervisory body and further applications for 16 people were being considered. The DoLS were in place to ensure those people get the care and treatment they needed and there was no less restrictive way of achieving this.

The care files we checked contained records that evidenced decisions were made in the person's best interest when it was decided they lacked capacity. We found MCA assessments and best interest decisions were in place to support aspects of care including DNACPR (do not attempt cardio pulmonary resuscitation) and the use of equipment that restricted a person's movement, for example, bed rails.

Staff had completed training in MCA. In discussions they demonstrated a good understanding of the principles of the MCA and were clear about how they gained consent from people regarding care and support tasks. One care worker told us, "We always talk with people about their care; we have a very person centred approach and offer people choices with everything where we can. If people refuse care we would try going back later and spend time with them, which usually works well."

People were supported to maintain good health and had access to healthcare professionals such as the chiropodist, GP, dietician, community psychiatric nurse, district nurses, speech and language therapists, physiotherapists, emergency care practitioners, opticians and chiropodists. Records were made of when the professionals visited and what treatment or advice they provided. In discussions, staff were clear about when to contact health professionals for advice and guidance; they gave examples of the signs and symptoms that would alert them to a person whose health was deteriorating.

Comments from health professionals included, "They manage the needs of people here very well. They respond appropriately to any changes in a person's behaviour and ensure health checks are carried out. They keep me informed", "When I have requested for the care staff to keep records of a resident's fluid and dietary intake, these have been completed diligently" and "There is good level of communication about changes in a person's needs. I think that the senior care staff and management request assessments, and support from health care professionals such as the GP and Mental Health Workers very appropriately."

We found improvements had been made since the last inspection with the menus and people were now offered a choice of two main meals at lunch time. Improvements had also been made with the overall meal time experience. An additional dining table had been provided in the small lounge for people who preferred to eat in a quieter environment. During the inspection we observed the lunch and tea time meal service and found people were supported to choose where to sit and the atmosphere was relaxed. We saw people were offered a choice of meal and staff spoke reassuringly and kindly to people as they supported and encouraged them to eat. People had clothes protectors, plate guards an adapted cutlery when required to support their independence. The meals provided looked well-prepared and well-presented and people enjoyed them. Staff were attentive to the needs of people who required assistance. People told us they enjoyed the meals that were served and we saw drinks were available to ensure people remained hydrated.

People who used the service had their nutritional needs assessed during the admission process; this included their likes and dislikes, and any swallowing difficulties. Risk assessments were completed and people were weighed in line with the result. Dieticians were involved when required and staff were aware of the referral system. The cook explained how they provided people with a healthy balanced diet and all meals were home-cooked. They catered for people with diabetes and prepared fortified foods for people who were at risk of losing weight. They also provided soft and textured diets for people with swallowing difficulties. Records showed people's weight had been monitored regularly and the provision of fortified meals and snacks for people at risk of malnutrition helped ensure they maintained a healthy weight.

Records showed us staff completed an induction and they had access to a range of essential training and also training which was specific to the people who used the service. This included, stroke, dementia, falls prevention, nutrition and health, pressure damage prevention, safeguarding, first aid, health and safety, infection control, MCA, fire safety, equality and diversity, end of life and safe food management. Records

showed 91% of staff had completed a national qualification in care. We spoke with a new member of staff who had completed their induction. They confirmed they shadowed more experienced staff for four weeks before they were included in the staffing numbers and the staff had been supportive. They told us they had completed essential training and were working through the care certificate (a national training programme that should be covered as part of induction training of new care workers).

We saw staff had access to formal supervision meetings and on-going day to day supervision and support. There was a structured plan of supervision and appraisal which was completed by the managers and senior care workers. Staff spoken with told us they felt supported by the senior management team. Comments included, "It's a very different place to work now, the managers are really supportive, morale has completely lifted", "Support is very good, they also take action when concerns are reported" and "We have regular supervision meetings. Things are so much better, the managers are all helpful."

Good

Is the service caring?

Our findings

People we spoke with told us they liked the staff and found them kind, caring and helpful. One person told us, "The staff are smashing, all of them." Another person said, "I'm treated very well. Everyone who looks after me is very nice and kind." One relative said, "All of the staff are very skilled, efficient, caring and kind. They are always very caring towards me, most welcoming." Another relative told us, "Staff are extremely good, very attentive and they genuinely care for [Name of person who used the service]." Relatives praised the personalised and friendly atmosphere within the home. For example, one relative told us, "The home has a family feel and staff always have time for you." They also said they knew all the staff and the managers and felt listened to by the service.

We found Eagle House had a friendly, relaxed atmosphere which felt homely. People and relatives reported no restrictions on visiting times. We saw relatives arrived throughout the day and received a warm welcome from staff. We received positive feedback from a social care professional, they told us, "Whilst most of the residents are cared for during the day in the main living room, residents do have the choice to stay in their room or spend time in the quieter living room or dining area. In the summer the home makes good use of the outside space. I think the warm ethos of the care home is cascaded down to all staff, who spend the vast majority of their time with the residents."

It was clear strong positive relationships had developed between staff and people. We heard one care worker talking with one person about their working life, during the conversation they were gently encouraging the person to walk to the dining room for lunch. This showed us staff knew about people's lives and experiences and used this knowledge to engage people in conversation. Information on people's life history had been sought and was retained on file to aid staff to understand the people they were caring for better.

The activities co-ordinator told us they made more effort to celebrate people's birthdays and now provided a special tea with party food, cake and balloons. They arranged the tables together in the dining room and the person celebrating their birthday sat at the end. Relatives confirmed they had attended a party and how much everyone had enjoyed themselves.

We observed care and support. All roles of staff including the management and ancillary staff took the time to engage with people which resulted in a pleasant and inclusive atmosphere. For example, we observed the cleaner took a break from cleaning duties and sat in the lounge engaging in friendly conversation with one person. We also heard other staff having relaxed conversations with people; they talked about news, their families and reminisced with people about the local area. The interaction was genuine and both staff and people who lived at the service were heard laughing and sharing stories. This showed staff recognised the importance of providing people with companionship and interaction.

Staff approached people in a kind and caring way which encouraged them to express how and when they needed support. We observed staff were kind and patient during activities, and when assisting with mobilising, administering medicines, meal times and when giving people drinks and snacks in between

meals. We saw people's privacy, dignity and human rights were respected. Staff knocked on doors before entering and ensured people's dignity was maintained during moving and handling tasks such as hoisting. Staff were attentive and supported people to change their clothing when necessary, such as after meals. We saw people's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. People who used the service told us the laundry service was good and we saw people looked well dressed. This showed staff respected people and their belongings.

We saw people who used and visited the service were provided with a range of information. There were notice boards with information about the organisation, staff, activities and events planned. There were photographs of people participating in a range of activities. The menus were available and there were leaflets in reception about the service, how to complain and advocacy arrangements. The food hygiene certificate and previous inspection reports were on display. People and their relatives had been provided with detailed information packs about the service on admission.

The registered manager and staff were aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. We found people's care files in daily use were held in the staff office where they were accessible but held securely. Staff records were held securely in lockable cupboards in the manager's office. Medication administration records were stored in the treatment room. The registered manager confirmed the computers were password protected to aid security and we saw staff completed telephone conversations with health professionals or relatives in the privacy of an office.

Good

Is the service responsive?

Our findings

We asked people who used the service if they received the care and support they wanted. One person told us, "The staff are always there to help us." Another person said, "I get help with a shower or bath, they are very helpful as I can't manage it myself anymore." People told us they enjoyed the activities on offer, one person said, "I go out to play darts and pool. We do a lot of singing, I like getting everyone to join in and have a good time."

Everyone we spoke with confirmed they would feel comfortable raising any concerns with staff. Relatives told us they were consulted about their family member's care and they very were satisfied with the quality of care provided. Comments included, "Just brilliant. [Name of person] is so comfortable and well cared for" and "My relation doesn't make things easy for the staff but they are very good at encouraging them to eat healthily and to join in with things. They are very skilled and caring."

Visiting professionals considered staff provided effective and responsive care, one professional told us, "I think the assistant manager shows exceptional skills when communicating with people with dementia; even with people that she has only just met, such as during the initial assessment [name of manager] is quickly able to gain people's trust. I think that she is able to do this by listening to what the person is saying whilst picking up on any non-verbal cues. She is then able to communicate with people regarding the issues that they think are important at that moment, or by correctly identifying their mood. I also think that she takes a very individualised approach to on-going communication as she demonstrates that she is able to make the right response for that individual at that time. As a result I have found that people who have been reported as having challenging behaviour have become settled quite quickly at Eagle House. Other staff have demonstrated skill in correctly reading situations, and have taken an appropriate non- confrontational approach to de-escalate a situation."

Care records showed needs assessments had been carried out before people had moved into the home and further developed on admission. Staff recorded information about people's backgrounds and interests which gave them some understanding of the values and preferences of the people they supported. Relatives we spoke with confirmed they had been involved in formulating care plans and this was evidenced in the care files we sampled.

We found care files contained detailed information about the areas the person needed support with and any risks associated with their care. The care plans were person-centred and included what was important to the person, how best to support them, likes, dislikes and preferences. They also indicated what the person could do for themselves and what they required assistance with, this was important in ensuring people retained their current skills. We found plans to support people when they became anxious provided staff with clear and detailed guidance on how to speak with the person and what to say to help distract them and reassure them.

The care plans were reviewed on a monthly basis to check if any changes needed to be made to people's care and support. We saw the reviews gave a good overview of people's wellbeing for the previous month

and identified any new issues. For example, when we checked the care plan for a person whose health needs had declined in recent months, we found staff had updated the care plans and risk assessments to reflect these changes. Where they had identified concerns about weight loss, we saw staff had recorded the need to monitor what the person was eating and had then made a referral to the doctor for a nutritional assessment. During the inspection we observed staff provided the person with individual support, they sat with them during the meal time, offered different choices and encouraged them to eat what they could.

We observed staff prioritised the delivery of care to people and were responsive to people's needs. For example, when people requested drinks or assistance with mobilising or toileting we saw staff acted on their requests. We observed a member of staff identified when a person felt very tired and supported them to have a lie down in their room. When people became upset or anxious staff sat and talked with them and provided reassurance.

Daily handovers between care shifts took place which helped the transfer of important information between staff groups. Staff we spoke with said these were useful and confirmed they were always made aware of any accidents or incidents. We asked staff a number of questions about care and support and their answers demonstrated they understood people well and their individual needs.

We found significant improvements had been made to the range of activities provided to people in the service and the increased support and opportunities for them to access the local community. An activity co-ordinator had been employed since the last inspection and was on duty for 20 hours each week. They completed group and one to one sessions with people; they were very enthusiastic about their role and this was evident in discussions and our observations of the support they provided during the day. We saw people participating in music activities, practising songs for the forthcoming staff pantomime. A busy calendar of activities and events had been planned for the Christmas holiday.

A record was maintained of activities and each person had their own profile, for example, this included favourite pastimes, clubs, their level of ability and support required. There was a range of activities people could participate in, which included painting, baking, hand massage and pamper sessions, reminiscence, singing club, dominoes, chair exercises, basketball, golf, craft, films, visiting entertainers and church club. We saw one person took comfort from doll therapy. There were times when people accessed facilities in the local community such as local parks and shops. People also accessed local community hubs in the town, for activities, parties and games; records showed people regularly enjoyed activities such as playing pool, darts, curling and table tennis.

The activity co-ordinator described how they were now tailoring more of the activities and outings to meet people's individual interests. They told us how much one person had recently enjoyed an outing to the local tile works, as they had been employed there in their work life. They described how positively the person had been able to communicate with people about their experience, given their complex memory problems. The people who lived at Eagle House had also joined in with some activities and entertainment with people at Westbridge House, another service in the organisation in the same town. In the summer, people had enjoyed outdoor activities and growing vegetables on the allotment in the garden. Recently they had planted hundreds of bulbs for spring time.

We saw the service had a complaints procedure on display. This informed people how to make a complaint and how to escalate it if they were unhappy with the outcome of any complaint investigation. The staff had access to a complaints policy and procedure to guide them in how to manage complaints. This included letters for acknowledgement and forms to record the details of the complaint, investigation and outcome. The Care Quality Commission had received some anonymous concerns about the service earlier in the year

and had passed these to the registered manager to look into. A full investigation had been completed and none of the issues were founded. Records showed the registered manager had discussed the concerns raised and outcome from the investigation in the last staff meeting, to increase staff awareness of the management of concerns and complaints.

Good

Is the service well-led?

Our findings

People and relatives spoke positively about the quality of the service. They said they received a highly personalised service. People identified the registered manager and assistant manager by name and told us they were approachable and they could talk to them. We asked relatives if they would recommend the service to others, and they said they would. One person said, "The staff are very welcoming and friendly here and you can't fault the care."

A visiting professional told us, "I think the service provides a warm, person centred service for people with dementia, and this seems to work particularly well for local people." Throughout the inspection we observed a positive and inclusive atmosphere within the home with good friendly interactions between people and staff.

At the last comprehensive inspection on 2 and 7 September 2015 we found the quality monitoring programmes were not effective and there were shortfalls in the systems to identify and assess risks to the health, safety or welfare of the people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. And we issued a requirement notice. During this inspection we found significant improvements had been made to the monitoring of quality and safety in the service and the positive changes were due to more consistent and effective management.

A new registered manager was in post and had been managing the service since our last focused inspection of the service in January 2016. The registered manager was very experienced and also employed to manage one of the registered provider's other services in Barton Upon Humber. They completed their registration with the Care Quality Commission to manage Eagle House in May 2016 and shared their time between the two services. The registered manager was supported at Eagle House by an assistant manager and a newly appointed deputy manager. They described how they had worked with the assistant manager and senior care staff to make improvements to the management and administration systems. They had focused on improving the outcomes and experience for people who used the service, especially around dementia and with improving staff morale. The improvements made in those areas were clearly evident during the inspection.

We asked staff about the leadership of the service, they all said it was well-led. Staff told us how much staff morale had improved and how they enjoyed coming to work. Comments from staff included, "[Name of registered manager] has made a real difference to this home. It's much more organised. Happier atmosphere here now and the home looks much fresher everywhere", "Staff morale has improved so much, the management team are brilliant. I love working here; it's like one big family. The managers are very supportive if you have any issues" and "The managers are very approachable and listen to us. Couldn't be better. There have been a lot of changes here in the last year or so, it's a different home now."

New systems of working had been introduced, staff were delegated more responsibility in their work and received more guidance and support. Some of the new systems had been suggested by staff, such as the allocation of domestic staff, new cleaning schedules and the system to identify when bedrooms and

equipment had been cleaned. We found improvements had been maintained with the management of infection prevention and control and work to improve the quality of the environment continued. People's mealtime experience had improved and they were supported to participate in a more varied activity programme and had more access to the local community which promoted social inclusion. We also found the service was more organised and communication had improved at all levels. When we spoke with staff they were all proud of the improvements at the service and the positive impact this had on the people who lived at Eagle House.

A range of audits and checks were undertaken by the senior management team. This included checks in key areas of care delivery such as: care records, staff training, medicines systems, health and safety, environment, infection control, pressure damage, personnel records, mattresses, weights, activities, and accidents/ incidents. We found the audit programme had been effective, where shortfalls had been identified action had been taken, demonstrating the results of audits helped reduce the risks to people and helped the service to continuously improve.

External quality audits were also undertaken on the medicines system every six months by the pharmacy supplier. The results of these had been positive and during the inspection the pharmacist completed an audit; they made only minor practise recommendations. The assistant manager confirmed they had requested the community infection prevention and control lead to complete an audit of infection control systems in the service and this was scheduled to take place in the new year.

The registered provider was involved with monitoring the quality of the service and visited the service every two weeks to support the registered manager. The assistant manager completed a weekly governance report for the registered provider. This included occupancy levels, staff training, supervision, activities and general issues. Although the management team completed clinical audits on areas such as falls, weight loss monitoring, the number of pressure ulcers, hospital admissions and infection rates, this information was not currently included in the weekly provider report. The registered manager confirmed they would review the form and include the information. This would better ensure the registered provider had regular oversight of clinical governance matters, to ensure appropriate resources were in place and appropriate management action has been taken.

Incidents and accidents were logged, investigated and we saw action was taken to try and prevent a re-occurrence such as the updating of risk assessments and the installation of physical control measures. The number of incidents and accidents including falls was analysed every month. Falls analysis was detailed and looked at the time, type and severity of incidents in order to try and establish if there were any trends which needed investigating. Records to support the monitoring of people's weight loss and risk of sustaining pressure damage were found to be effective.

Meetings were held for residents and relatives in order to gain their input and views of the quality of the service. People who used the service, their relatives, staff and professionals were also involved in completing questionnaires about their experience of the service and any improvements they would like. We found the results of recent relative surveys in November 2016 were all positive about the service.

We saw the registered provider and registered manager were aware of their responsibilities in notifying the Care Quality Commission and other agencies when incidents occurred that affected the safety and wellbeing of people who used the service. We received these notifications in a timely way.

North Lincolnshire Council Performance Assurance Team had visited and found the service had addressed all outstanding actions in relation to their quality assessment visit in 2015; the action plan had been signed

off in August 2016.