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Eagle House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

At the last inspection on 13 and 14 January 2015 we found a breach in regulations which related to infection prevention and control. The overall rating for the service was, "Requires improvement".

Following the inspection in January 2015 we received an action plan from the registered provider detailing how improvements would be made including a timescale. At this inspection we found some improvements had been made, however we identified continued and further breaches in regulations.

There was 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 and associated Regulations about how the service is run. The registered manager was not present during our inspection. The deputy manager had been appointed to the role of acting manager in May 2015 and was present throughout the inspection.

Summary of findings

This inspection was unannounced and took place on 2 and 7 September 2015.

Although we found some improvements had been made in regard to standards of hygiene and cleanliness, these were not comprehensive and significant shortfalls were identified. Many areas of the environment and furnishings still required redecoration and renewal. There was no formal maintenance programme in place.

We found there were insufficient staff at times during the day to meet the needs of people who used the service. Some people's needs had changed and their needs were more complex. Staffing levels had not kept pace with this.

Care plans were person centred but we found evidence they had not always been updated following changes in people's needs. Staff had not maintained accurate and detailed supplementary records to monitor people's fluid and food intake and repositioning support.

The quality of the service had not been monitored effectively and shortfalls had not been dealt with or had not been identified. There was a lack of established quality assurance processes to ensure continuous improvement.

The above areas breached regulations in cleanliness and infection control, staffing, care records, premises/equipment and monitoring the quality of the service. You can see what action we told the registered provider to take at the back of the full version of the report.

We found the staff recruitment and selection procedures were robust which helped to ensure people were cared for by staff who were suitable to work in the caring profession. In addition, all the staff we spoke with were aware of signs and symptoms which may indicate people were possibly being abused and the action they needed to take.

Staff had access to training relevant to their roles. Delays with the provision of some training courses were being followed up by the acting manager.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GP's, hospital consultants, community mental health nurses, opticians, chiropodists and dentists. People received their medicines as prescribed and medicines were held securely.

Staff supported people to make their own decisions and choices where possible about the care they received. When people were unable to make their own decisions staff mostly followed the correct procedures and involved relatives and other professionals when important decisions about care had to be made.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. Arrangements at lunchtime to provide one main meal and only offer alternatives if people didn't eat this, could limit some people's choices.

Although some improvements had been made with activities, staff often struggled to find time to do these due to other work pressures.

There were positive comments from people who used the service and their relatives about the staff team and the approach they used when supporting people. Staff respected people's privacy and dignity.

There were systems in place to manage complaints and people who used the service and their relatives told us they felt able to raise concerns and complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Areas of the home were dirty, malodorous and unhygienic. Systems to protect people from the risk of infection were not robust.

Sufficient numbers of staff were not provided at all times of the day. We observed staff struggled at mealtimes and when people became agitated and required more individualised support. Staff were recruited safely.

People who used the service were protected from the risk of abuse. Staff spoken with knew what to do if they had any concerns. Medicines were managed safely; people received them on time and as prescribed.

Inadequate



Is the service effective?

The service was not consistently effective.

Many areas of the home required redecoration and refurbishment. The grounds needed to be maintained.

The legal requirements relating to Deprivation of Liberty Safeguards [DoLS] were being met. Where people living with dementia were unable to make decisions about their care, we found capacity assessments and best interest meetings had been completed in some cases but not all.

People's health and nutritional needs were met; they had access to a range of community health professionals for treatment and guidance. Arrangements at lunch time meant the choice of meal could be limited for some people.

Staff had access to training, supervision and appraisal to enable them to feel confident in their role.

Requires improvement



Is the service caring?

The service was caring.

Staff treated people with dignity and respect and engaged well with them.

We observed care was provided to people in a kind and caring way and their independence was promoted.

Staff provided people with information and explanations about the care they provided.

Good



Is the service responsive?

The service was not consistently responsive.

Although care plans were person centred some required updating to ensure staff had accurate information. Supplementary records were not accurately maintained.

Requires improvement



Summary of findings

There were some activities provided to people, although these were dependent on care staff having time available.

People knew how to make a complaint and complaints were recorded and dealt with appropriately.

Is the service well-led?

The service was not consistently well led.

Although there was a quality monitoring system, this had not been wholly effective in highlighting shortfalls and taking action to address them.

The registered manager reviewed all incidents and accidents so learning could take place.

Requires improvement



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 inspection took place on 2 and 7 September 2015 and was unannounced. The inspection was carried out by an inspection manager, two adult social care inspectors and an expert by experience who had experience of supporting older people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We usually send the registered provider a Provider Information Return (PIR) before an inspection. 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 did not send a PIR to the registered provider before this inspection as one had been completed within the last 12 months.

Before the inspection we looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service. The commissioning team provided us with information from their recent assessment.

We spoke with four people who used the service and eight of their relatives who were visiting during the inspection. We spoke with four visiting health care professionals who visited the service during the inspection.

We spoke with the registered provider, acting manager, registered manager of a nearby service operated by the registered provider, cook, domestic, laundry assistant, three care workers, two senior care workers, a hairdresser and the maintenance person.

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

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and 15 medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training record, staff rotas, minutes of meetings with staff and people who used the service, complaints, communication and handover books, quality assurance audits and responses to surveys.

Is the service safe?

Our findings

People told us they felt safe living at Eagle House and staff treated them well. Comments included, "Yes, people are around that you can talk to" and "Yes, staff are very good." We asked visitors if they felt people were safe at the home and they told us, "Yes, all the doors are locked- very secure", "Never felt Mum wasn't safe" and "I certainly do, all the carers are keeping an eye on her."

We received some mixed comments from people and their relatives about the cleanliness of the home and the staffing levels. Comments included, "Yes I think there are enough, never had to wait", "Always seen a good amount of staff around", "Yes and no, good when there are lots of staff, at other times I have to call staff and they come after a while." However, others told us, "Don't think there is enough staff", "Need more staff to make sure they watch the people who wander around, not always a member of staff in the lounges", "No noticeable odours", "Initially there were smells of urine around but definite improvements, significantly better since January" and "Think it could be cleaner."

During the inspection we spoke with health and social care professionals who told us their visits were well supported by staff; they did not have to wait to see their patients and staff were helpful and attentive. All commented about mal odours in the service and that any improvements made had not been consistent in all areas.

At the last inspection on 13 and 14 January 2015, we issued a compliance action as we had concerns that systems to prevent and control the spread of infection were not safe. The registered provider sent us an action plan regarding the measures they would take to address this concern. This detailed a revision of policies, cleaning routines and audits; the provision of new equipment including 12 commodes; three mattresses, six beds, dining room furniture and linen. It also included the provision of new waste bins in bedrooms, revised storage arrangements in the laundry, areas redecorated and damaged chairs removed from home.

We completed a tour of the premises as part of our inspection. We found some improvements with odour management in communal areas and specific bedrooms; we also noted the standard of cleaning had improved in some parts of the home and some new furniture had been

provided. However, numerous issues in regard to poor standards of cleaning and hygiene were identified. This included: three soiled commode pots stored on shelves in the sluice for clean equipment; dried faecal matter on a window sill and smeared in the window fitting and surround; moving and handling equipment such as a hoist and turntables were dirty, three wheelchairs were dirty with food debris and fluid spills; two fabric covered armchairs and two carpets were stained and dirty.

We also found furniture and equipment which was damaged and could not be cleaned effectively, this included: areas of rust on the hoist; dirty crash mats with tears in the vinyl covers; two arm chairs with vinyl covers split and worn, bed bases were split and worn; varnish on numerous bed and chair legs worn off; areas on wooden commodes with worn varnish; bed tables and a sink surround where the laminate had worn and warped. As we walked around we found some areas of flooring were 'sticky'.

We identified a mal odour in three bedrooms. We found stained and soiled bedding in seven rooms where beds had been made. Staff told us and records confirmed the one only washing machine in the laundry had not been functioning properly for three days during August 2015. Whilst awaiting parts for the repairs, arrangements had been made to send laundry to one of the registered provider's other services nearby. However, we were informed that during this time some of the staff took laundry home with them to process so the backlog would be managed. This meant safe infection control measures may not have been adhered to. During the inspection the registered provider confirmed two new washing machines and two new tumble driers had been ordered and were due to be installed within the next few weeks.

These issues meant there was a continued breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. People were not living in a clean and hygienic environment and systems to support effective infection prevention and control were not safe. We are considering our regulatory response and will report on it in due course.

We found there was insufficient staff on duty at all times to meet the needs of people who used the service. During the inspection visits there were 27 people residing at the service and one person was visiting for day care. Records showed staffing levels of one senior care worker and four

Is the service safe?

care workers were maintained during the day and at night there was one senior and two care workers on shift. On both inspection days we observed staff experienced difficulties at lunch time to provide appropriate support. The majority of people were supported to the dining room for their meal, some people needed assistance and people with complex dementia needs were getting up and needing more supervision and support. One person was wandering round touching people's cutlery and plates. Staff were struggling to provide individualised care which meant some people were waiting too long for their meal and some people did not receive all the support they required.

We also observed two of the people who used the service had very complex dementia related needs and demonstrated behaviours which challenged the service. One person became very agitated when not with staff and meaningfully engaged and occupied; staff struggled to provide this level of support due to other work priorities and this impacted on the person's levels of agitation and consequently required one-to-one support for large parts of the day. The second person demonstrated aggressive behaviour towards other people who used the service and we observed incidents between this person and others when staff were not present. When we spoke with the acting manager about the level of support both people required, we were told that neither person had additionally funded hours and the acting manager was not aware these could be requested. Discussions with the acting manager identified dependency levels were not factored into staffing calculations. Findings from the inspection also indicated a shortfall in domestic hours; the cleaner struggled to clean all areas of the home to an adequate standard in the hours provided and care workers were tasked with cleaning equipment in the service but told us they often did not have time to complete this.

Comments about staffing levels from staff indicated there were times when they considered they needed more staff. They said, "Possibly mealtimes, other times fine", "Not enough" and "Due to staff leaving and holidays we have had to cover a lot of shifts; staff are tired and work long hours. There's not enough staff on when residents are agitated but we are told we are staffed for the numbers."

Not ensuring sufficient numbers of qualified, competent, skilled and experienced staff were deployed is a breach of Regulation 18 [1] of the Health and Social Care Act 2008

[Regulated Activities] Regulations 2014. The service did not have sufficient numbers of staff on duty at all times. You can see what action we have asked the registered provider to take at the end of this report.

We saw there was a recruitment and selection policy in place. Staff we spoke with and records we checked showed safe recruitment practices were followed. We found recruitment checks, such as criminal record checks from the Disclosure and Barring Service [DBS] and references, were obtained before staff began work.

The service had policies and procedures in place to safeguard vulnerable adults. All the staff we spoke with demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They also told us they were aware of the whistle blowing policy.

We saw risk assessments had been completed and steps put in place to help minimise risks to people. These included moving and assisting, falls, nutrition, skin integrity and the use of equipment such as floor mattresses, wheelchairs and bed rails. Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. During the inspection, we saw staff competently transferring people between chairs and wheelchairs using a hoist. They explained the procedure to people as they guided them into the chair and made sure they remained safe. Equipment used in the home was serviced at intervals to make sure it was safe to use.

We found medicines were obtained, stored, administered and disposed of appropriately. People received their medicines as prescribed, these were recorded appropriately. All staff who administered medicines had received the training needed to ensure they knew how to do so safely, and had been assessed as competent to do so. There were some minor issues such the lighting in the medication room was poor and a counter signature was not always present when the prescription was handwritten on the medication administration records [MARs]. Also some people were prescribed medicines to be taken 'when required' [PRN], but clear guidance for staff on when to administer these was not in place. These points were mentioned to the acting manager to address. We saw records that showed they had commenced the completion of detailed PRN records for each person.

Is the service effective?

Our findings

People told us they were able to see their GP or nurse when they needed to and also saw opticians, dentists and chiropodists. They said they enjoyed the meals provided and had plenty to eat and drink. Comments included, “The district nurse visits me very regularly”, “I see the chiropodist every six weeks”, “They call a doctor and he visits me in my room”, “Excellent, if I don’t like the main course I can have a sandwich”, “Enough to eat, I like the fish and chips” and “Tea and coffee offered and fresh juices like pineapple and orange.”

Relatives told us they were happy with how the staff supported people’s health care needs. They said, “As far as I’m aware they have called the GP in two or three times and we have been kept informed”, “They look after him well”, “Yes, they have called the GP when mum has had a chest infection” and “They monitor her health well, I have no concerns about that. She loves the food and the meals look very good.”

During our tour of the environment we found some improvements had been made since our last inspection with furniture replacement and re-decoration of areas such as the entrance hall, upstairs lobby, corridors and the dining room. However, we also identified numerous issues around the décor and furnishings, such as old and worn beds, mattresses, commodes, duvets and pillows which had not been replaced. We found the woodwork, walls and the ceiling in some bedrooms where the paint was worn and marked. Lino flooring in some toilets and the medicine room was stained and worn. In one toilet there was a gap in the lino flooring where the toilet had been replaced which was a different size. Areas of laminate flooring in communal rooms and people’s rooms were worn and marked; this had been identified at the last inspection in January 2015 and the repairs or replacement required had not been addressed.

There were some environmental considerations for people living with dementia. Pictorial signage to assist people recognise toilets, bathrooms and their own bedroom was in place. Contrasting coloured paintwork had been used on toilet doors and some door frames. New art work and sensory material was displayed in the corridors which included an activity board with locks and handles for people to use. No themed or equipped facilities had been provided; we observed the hairdresser using a bathroom to

wash people’s hair with no adapted sink or rinsing facility, they told us they struggled to support some people’s hairdressing needs because of this. We found many bedrooms still appeared very stark; some rooms did not contain an arm chair and in many rooms there were no pictures or other belongings in place to provide a comfortable and homely feel.

The grounds were not adequately maintained; we found borders were overgrown and untidy, broken fencing, redundant equipment had been left at one side and litter and cigarette butts had not been cleared away. Some of the external woodwork required attention where the paint was flaking. On the second day of the inspection we observed a skip had been provided and was being filled with a number of beds, commodes, mattresses, tables and other furniture. The acting manager confirmed they had obtained new furniture, bedding and linen.

Not providing adequate and suitable furniture and furnishings was a breach of Regulation 15 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The premises were not sufficiently maintained. You can see what action we have asked the registered provider to take at the end of this report.

Staff told us they had access to training considered essential by the registered provider. This included fire safety, first aid, infection prevention and control, moving and handling, basic food hygiene, safeguarding vulnerable people from abuse and medicines management. There was additional training such as person centred care, end of life care, dementia awareness, continence and Mental Capacity Act 2005 [MCA] and DoLS. The acting manager explained the induction programme included the completion of an in-house programme, shadowing experienced staff until they were confident and competent and commencement of the Care Certificate [a national accredited training programme]. We checked the induction records for a member of night staff recruited in July 2015, these showed they had completed the in-house programme but had not completed training in practical moving and handling, safeguarding or fire safety. The acting manager explained there had been delays with the training provider and we received confirmation following the inspection these courses had been rebooked and completed. Checks on other newly recruited staff showed they had completed the full in-house induction and practical training courses.

Is the service effective?

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. They acted within the code of practice for the Mental Capacity Act 2005 [MCA] and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. There were 20 people who used the service who had DoLS authorised by the supervisory body and further applications had been submitted. The DoLS were in place to ensure those people get the care and treatment they need and there was no less restrictive way of achieving this.

Staff confirmed they received regular supervision and had an appraisal. The acting manager confirmed the management changes had affected the supervision programme in recent months but senior staff were due to complete training so they could assist with this.

We found Do Not Attempt Cardio Pulmonary Resuscitation [DNACPR] forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly available at the front of the care file. Where some of the forms indicated the person lacked capacity to make this decision for themselves we did not always find that capacity assessments and best interest meetings with families and appropriate clinicians had been recorded. We discussed this with the acting manager to address.

Staff we spoke with all understood the need to support the rights of people who have been deemed as having reduced mental capacity and that part of their role was to support people's freedom and independence as far as possible. Staff told us they always asked people's consent before they provided any care or treatment and continued to talk to people while they assisted them so they understood what was happening. They said they respected people's right to refuse care and treatment and never insisted they accepted assistance against their wishes. We observed this in practice when one person refused to accept support from staff to change their clothing and we noted staff returned later to offer support which was accepted.

We found people's health care needs were met. The care files indicated that people who used the service had access to a range of health and social care professionals. These included GPs and consultants, district nurses and community psychiatric nurses, dieticians, social workers, chiropodists and opticians. Records were made of when the professionals visited and what treatment or advice they provided. In discussions, staff described how they recognised the first signs of pressure damage, chest infections and urine infections, and what action they took to ensure health professionals were made aware. A health professional spoken with said, "The staff are great and communicate well with us. They always contact us promptly if they have any concerns."

We found people's nutritional needs were met. The acting manager used a recognised nutritional risk monitoring tool to determine if people had increased nutritional needs. This also gave them guidance about when to involve a dietician and appropriate intervals between monitoring people's weight. Care plans were in place to guide staff in how to support people's specific nutritional needs and in discussions it was clear they knew people's needs well. For example, they explained how they fortified foods for people who were at risk of losing weight and provided soft and textured diets for people with swallowing difficulties. We saw a range of drinks and fortified snacks were served mid-morning and mid-afternoon.

We found the dining room was nicely set out with individual tables and chairs; a pictorial menu was provided on the wall. The lunchtime experience on both days appeared hurried and chaotic at times. Current arrangements to have all persons having their meal together at one sitting meant staff were often having to support a number of people at the same time and were struggling to provide the individualised assistance some people needed with their meal. There was only one main choice on the menu and we observed alternatives were offered if the person was not eating their meal; this limited people's choices. Coloured crockery was in use for some people to assist them to see their food, but we did not see any plate guards in use which we considered some people may have benefitted from. We mentioned these points to the acting manager to look into.

Is the service caring?

Our findings

We asked people if they considered the staff team were caring and treated them with dignity and respect. Comments included, “Yes I do, they talk to me and look after me”, “I know they do, if not I would tell them” and “They respect my privacy.”

Relatives told us, “They knock on doors before entering and we are always asked where we want our visiting to take place [either in communal lounge or in the person’s room]”, “The staff are all very kind, she wouldn’t be here if they hadn’t looked after her so well”, “I come every day, the staff are a great bunch, always have a smile on their faces” and “Staff have a good approach, we see how they are with people with dementia; they are most patient and kind.”

Visiting health and social care professionals said, “Our patients are happy and settled here, the staff are polite and professional” and “The staff seem kind, caring and respectful to people.”

People told us they had choices about aspects of their lives. They told us, “They ask me first, they ask my opinion [about their care and daily living choices]”, “Yes I choose when I get up and go to bed”, “I like to read a lot” and “Yes, no-body tells me what to do.”

We spent time in the lounge areas of the home. Staff approached people in a sensitive way and engaged people in conversation which was meaningful and relevant to them. We saw that staff often crouched down to talk to people at eye level and they spoke at a pace that was comfortable for the person. We saw staff acted in a kind and respectful way and people appeared at ease with staff. People looked well cared for, their clothes were clean, their hair brushed and some people wore jewellery. However, we did find two sets of false teeth in people’s bedrooms; one set belonged to a person who had been admitted to hospital. The acting manager confirmed she would follow this up.

People who used the service were able to move freely around the ground floor of the building and we observed a carer supporting a person who wanted to walk in the garden. We saw one person often entered the acting manager’s office to talk to them or just to have a look round; they were welcomed into the room and engaged in conversation.

The staff we spoke with were able to tell us how people we discussed preferred their care and support to be delivered. We heard staff referring to people’s individual interests and families. The approach from staff was kind and caring. Staff said, “We look after residents like they are our family, we get to know them so well” and “Lots of people want comfort and reassurance and we do our best to make them feel this is their home.”

Throughout the inspection we saw staff respected people’s privacy and dignity when they supported them with personal care. For example, we saw one person about to use the toilet who had forgotten to close the door. The care worker immediately went to assist the person and closed the door. This was done in a respectful manner which maintained the person’s dignity. We heard a member of staff suggesting to someone they wore a clothes protector during lunch. They referred to how lovely the person looked and that wearing the protector would make sure they remained that way. We also observed a member of staff gently advising they were adjusting clothing to preserve the person’s dignity during a transfer when their skirt had started to fall down. We saw staff were discreet when asking people about their needs and maintained confidentiality. They knocked on doors before entering.

Most people had bedrooms for single occupancy which offered privacy and there were several shared bedrooms in use. These had privacy screens for use when staff completed personal care tasks for people when both occupants were in the room. Bedroom doors did not have privacy locks and the acting manager told us people were asked years ago if they wanted them but they declined. The acting manager told us they would install privacy locks to bedroom doors if people wanted them.

During the two days of our inspection we observed many visitors coming and going; they were offered a warm welcome and refreshments by staff. We were told there were no restrictions on visiting. People’s relatives told us they had been consulted and involved in the development of care records and had opportunities to talk about the care and any changes at review meetings.

The acting manager told us that no one who used the service required an advocate. However, they confirmed that they would assist people to gain access to an independent advocacy service if appropriate. There was information on the notice board about advocacy services.

Is the service responsive?

Our findings

People told us they felt able to complain and that their complaints would be addressed. Comments included, “I would see [Names of two members of staff] I would feel okay and I think they would listen.” Relatives told us, “I would see [Name of acting manager] first”, “I’ve had to mention a couple of things but they’ve always sorted things out straight away” and “I would talk with any of the carers or the manager, I would feel comfortable, but never had to.”

People who used the service and their relatives told us there were some activities at the service but these were limited. Comments included, “We have quizzes sometimes and I go out in the garden and have an ice-cream”, “I can watch the television”, “Mostly sit around with the others, not a lot going on”, “I don’t think there is enough activities for them; should play more music from their era” and “I believe there are activity times, but I haven’t seen any when I visit.”

We saw people had their needs assessed prior to admission to the service. Life history records were completed for some people; these gave the staff information about the person’s background so they had an understanding of the person’s values, behaviours, interests and people who were important to them. Care plans were produced from the assessments and in most instances these contained good personalised information to enable staff to have clear guidance in how to support people and to meet their needs. The care records were organised and information was easily accessible. However, some care records required updating where needs had changed, for example one person had developed a pressure ulcer but there was no care plan in place to direct staff on the support they required. Also where people’s needs had changed in relation to behaviour, continence and nutrition we found care plans required updating. Two people who used the service had complex needs around their mental health. Both care plans required updating to provide more detailed information for staff on their current triggers and methods of de-escalating any behaviour they demonstrated which challenged the service.

We checked the supplementary records in place to monitor people’s fluid and food intake, repositioning support and when they had opened their bowels. We found many records were not adequately completed and they contained significant gaps. For example, one person’s food

and fluid record had not been maintained for seven days and other people’s bowel records had not been maintained accurately in line with their daily records. We found repositioning records were not maintained in line with the frequency identified in people’s care plans and did not always contain accurate information on the time the person received their support and their position.

Not ensuring people’s records are accurate and up to date is a breach of Regulation 17 [2] [c] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The service did not have adequate arrangements in place for maintaining accurate, contemporaneous and complete records in respect of each person. You can see what action we have asked the registered provider to take at the end of this report.

People were provided with some choices about where they wanted to spend their day; there were two lounge areas and the dining room. The garden was spacious and had seating, patios, smoking area, a gazebo, summer house and grassed areas.

We observed there were some activities and social stimulation provided to people by care staff; there was no dedicated activities co-ordinator, which potentially means staff could be called away to assist people with personal care tasks during planned activities. We found some people had little structure to their days and sat around neither engaging with other people or staff. Activity materials were not obviously available for people to instigate activities independently. There were monthly events calendar and daily activity programmes in place. Activities we observed staff provide included singing, dancing, jig-saws, musical instrument session, skittles and sensory materials. One person was supported to visit a local shop with staff to buy a newspaper each day which we observed. This person told us they wanted to do more activities and be more occupied. The registered manager from one of the registered provider’s other services had provided sessions recently for staff on meaningful activities and recreation; we found some evidence of staff incorporating the new type of activities into the programme.

Staff told us they had little time to engage with people who used the service on a one to one basis because they were busy. They said, “We try our best with activities but the care comes first and things get interrupted” and “It would be good if we had an activities co-ordinator, who could focus

Is the service responsive?

on activities and give people more time.” The registered provider confirmed during the inspection that one of the care staff who enjoys providing activities will be given dedicated hours to support the programme.

Family members we spoke with told us they felt the home was responsive to their relative’s changing needs. They gave examples of how staff contacted them in a timely manner when changes occurred and said they seemed to act promptly to address any concerns.

We looked at the complaints procedure which was available to people who used the service, visitors and staff. The procedure detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The home had received one complaint since our last inspection and records showed this had been addressed.

Is the service well-led?

Our findings

People who used the service and their relatives knew the acting manager's name, which told us they got out and about the service and spoke with people. Visitors told us there was a good atmosphere at the home and the management and staff were very approachable. We received some mixed comments from people who used the service and their relatives about improvements to the service following consultation. These included, "I have completed a few surveys but never attended a relatives meeting", "I haven't been given a survey or received any invitation to attend relatives meetings, but I feel confident my opinions would be valued", "I have not been asked my views on things" and "We have residents meetings every six weeks and I have filled in questionnaires, but can't say I've seen any changes as a result of these."

At the last inspection in January 2015 we found there was a quality monitoring system in place but this was not always effective in identifying shortfalls in the service and needed some development. We also found the registered manager did not accept changes and improvements were needed to update some of the management and administration systems at Eagle House. At this inspection we found improvements had not been made.

Although the service had a registered manager in post they had not worked at the service for four months and during that time the deputy manager had taken responsibility for the day to day management. During this time the registered manager for one of the registered provider's other services visited the service regularly and was providing support for the acting manager. There had not been any consistent backfill for the deputy manager post during this time and consequently there were areas of the service that had not been managed as robustly as required.

There had been some morale issues amongst staff which the acting manager was trying to address. Staff spoken with told us the acting manager was very supportive. Comments included, "[Name of acting manager], her style of management is much more open, she is very approachable and supportive" and "She listens to us and there have been some positive improvements like the new rotas, we just need some more staff." We saw the staff worked well as a

team and communicated well between the different shifts. Records showed staff meetings were held regularly and a variety of issues were discussed to make sure people who used the service were receiving person centred care.

The views of people who used the service and their relatives were sought at meetings and through regular surveys. Records of the meeting in June 2015 showed topics such as concerns, meals, activities and décor were discussed. Surveys had been issued on topics such as the environment, privacy and dignity, reviews and quality of care in 2015. The results had been analysed and action plans put in place to address any shortfalls.

Records in the quality file showed a recent survey had been issued to staff about communication in the service. One of the questions staff were required to answer was whether they felt were always polite to residents. Eleven respondents had answered 'yes' and five had answered 'no'. We found the action plan did not deal with these findings robustly.

We looked at the audit programme in place. Audits of medicines were carried out regularly and these showed few issues were identified and effective systems were in place. An external audit by the pharmacy supplier completed in January 2015 showed no actions were required. Weight audits were completed monthly and identified any weight loss for individuals and action taken in respect of this. Similarly audits of accidents and incidents showed these were monitored closely and analysed to identify any patterns or trends. The registered provider confirmed an external health and safety audit had recently been completed and they were awaiting the outcome report, although initial feedback had indicated no serious concerns.

However, we found new audits had been introduced to support environmental checks but these had not been completed thoroughly. For example, the audit detailed a check of bedding such as quilts and pillows. The acting manager confirmed this had been completed but the check had been around provision of the bedding and not the quality. Therefore the poor condition of the quilts and pillows had not been identified and addressed. The acting manager had identified furniture which required replacement and areas which required redecoration within the audits, but there was no annual maintenance programme in place to address these issues.

Is the service well-led?

At the last inspection we identified shortfalls with the standards of hygiene and cleaning and the condition of equipment and furniture which had not been identified on the monthly infection control audits. At this inspection we found there had been no changes made to the infection control audits which continued to score 95% compliance, yet significant failings in these areas were identified. We also found some shortfalls in the care records and the acting manager confirmed there were no audits of care records completed within the quality monitoring programme.

Not ensuring the service had a robust quality monitoring system was a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we have asked the registered provider to take at the end of this report.

The registered provider told us they visited the service regularly but these visits had not been wholly effective in

monitoring and overseeing the quality of service provided to people. They said some of the systems and processes at the service had not been formalised and they planned to introduce a new comprehensive quality monitoring system in the near future, which had been implemented in some of their other services. They also explained that the acting manager would have the opportunity to visit other services in the group to gain more understanding of different management approaches and to see the new quality monitoring programme in operation. They were in the process of recruiting more senior care workers to take on some delegated management duties to support the acting manager in making the necessary improvements.

The service had undergone assessment by North Lincolnshire Council in May 2015 and the overall rating achieved was, 'Room for Improvement.' An action plan had been put in place which the acting the manager was currently completing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The home did not have sufficient staff on duty at all times to meet people's needs safely.

Regulation 18 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and renewal. Regulation 15 (1) (a) (c) (e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks associated with unsafe care and treatment, by means of an effective operation of systems designed to monitor the quality and safety of the service.

The service did not have adequate arrangements in place for maintaining accurate, contemporaneous and complete records in respect of each person.

Regulation 17(1) (2) (a) (b) (c)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Systems to support effective infection prevention and control in the home were not safe. Regulation 12(2) (h)

The enforcement action we took:

We have issued a warning notice for Regulation 12, Safe care and treatment, to the registered provider. They have to be compliant with this regulation by 15 December 2015.