Bupa Care Homes (BNH) Limited

Eastbury Manor Care Home

Inspection report

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Date of inspection visit:
22 March 2017

Date of publication:
18 April 2017

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

This inspection was carried out on 22 March 2017. Eastbury Manor Nursing Home provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 30 people. At the time of our inspection 18 people were living at the service.

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

There was sufficient numbers of staff deployed at the service to meet people's needs. People told us they were safe at the service. Staff understood the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from the risks of harm and to keep people safe. Recruitment practices were safe and relevant checks had been completed before staff started work.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place and updated regularly. The service had a business contingency plan that identified how the service would function in the event of an emergency.

Staff had received appropriate training and supervision that promoted their development. We found the staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing.

Staff were up to date with current guidance to support people to make decisions. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

People told us that they enjoyed the food. People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes

had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken. People told us that the staff at the service were caring and attentive to their needs.

People's needs were assessed when they entered the service and on a continuous basis to reflect changings in their needs. Care plans were detailed and provided guidance to staff to provide effective care.

People had access to activities and more work was being undertaken to provide more person centred activities. People were protected from social isolation through systems the service had in place. There were a range of activities available within the service and outside.

People were encouraged to voice their concerns or complaints about the service through meetings and regular requests for feedback. Concerns and complaints were used as an opportunity to learn and improve the service.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

The provider had systems in place to regularly assess and monitor the quality of the care provided. Records were kept securely and were in good order.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive and staff felt valued.

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.

There were sufficient staff at the service to support people's needs.

People had risk assessments based on their individual care and support needs.

Medicines were administered, stored and disposed of safely.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Good

The service was effective.

People's care and support promoted their well-being in accordance with their needs.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy were respected and promoted.

Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

The home was organised to meet people's changing needs.

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities and people were protected from social isolation. There were a range of activities available within the home.

People were encouraged to voice their concerns or complaints.

Is the service well-led?

Good

The service was well- led.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided. The provider had met breaches in the regulations from the previous inspection.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

Staff were encouraged to contribute to the improvement of the service and staff felt valued.

The management and leadership of the home were described as good and very supportive. Records were maintained securely.

Eastbury Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on the 22 March 2017. The inspection team consisted of two inspectors, an expert by experience in care for older people (an expert by experience is a person who has personal experience of using or caring for someone who uses this type of service) and a nurse specialist.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the registered manager, the deputy manager, the regional director, seven people, three relatives, two visiting health care professionals and seven members of staff. We looked at a sample of three care records of people who used the service, medicine administration records and supervision records for staff. After the inspection we looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

We last inspected the service 6 January 2016 where breaches were identified in consent to care and staffing levels.

Good

Is the service safe?

Our findings

At our previous inspection the service was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough deployed staff at the service to meet people's needs. The provider sent in an action plan to show the improvements that they were making and we found on this inspection that the staffing levels had improved.

We asked people whether they felt safe and there were positive responses to this. Comments included, "Oh yes. I feel at home. I don't feel worried about anything. I've never felt or been unhappy here", "Yes I feel safe. There is always staff about. We all have a bell in our rooms", "We know nobody can get in", "I can do what I like. We're never forced to do anything"; "It's a very free place to be." One relative told us, "I feel she's (the family member) safe because we were on the phone to her and she started coughing we could hear feet running (staff) which is what you want to hear."

There were sufficient staff deployed to meet people's needs. When people requested staff assistance they received this quickly. The staffing provision was reviewed regularly by the registered manager based on the amount of people that had been admitted and their needs. One member of staff told us, "It's (staffing levels) okay as long as you don't have someone call in sick." They told us that this did not happen often. Staff absence was covered by bank or agency staff. Another member of staff said there was enough staff. They said the ground floor was demanding (due to people's needs), but staff would assist from other floors. The registered manager told us that there needed to be five care staff on duty in the morning and four in the afternoon with one nurse on duty during all shifts. In addition to this nurses were given days to catch up with their paperwork whilst another nurse worked on shift. We saw from the rotas that that the staffing levels were always met.

People were protected from being cared for by unsuitable staff because robust recruitment was in place. Staff told us about the selection procedure that they went through to ensure that they were safe to start work. All staff told us that they were interviewed for the job and had to provide two references and had to undergo background checks. We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

The PIR stated, 'We keep Eastbury Manor safe by using a system of monitoring quality and safety. Our regular checks and follow up actions include maintaining environment and equipment.' This was reflected in what we found on the day. Assessments were undertaken to identify risks to people. People had walking aids and wheelchairs to assist them. Staff were vigilant to people's needs and we observed staff supporting and encouraging people when walking with their frames. One member of staff said, "One person is at risk of falls. I assist the lady to sit down and once she is seated I make sure she has her call bell within reach and remind her how to use it." We saw that people in the lounge and in their rooms all had their call bells within reach. Another member of staff said, "We ensure we clear the way when people are walking and keep close

but don't encroach on their personal space."

When clinical risks were identified appropriate management plans were developed to reduce the likelihood of them occurring. Other risks were also assessed in relation to people's nutrition, mobility and skin integrity and risk management care plans to minimise risks. The care plans identified the potential risks to people and gave instructions and guidelines to staff in order to manage those risks. Staff had knowledge of people's risks and we saw plans being put into action on the day of the inspection.

There were appropriate plans in place in the event of an emergency. In the event of an emergency such as a fire each person had a personal evacuation plan detailing the support people needed. There was a file left in reception that could be accessed quickly and easily if needed. This was updated on a daily basis and accounted for people that had just returned from hospital. Staff understood what they needed to do to help keep people safe. There was a service contingency plan so that in the event of an emergency such as a fire or flood people could be evacuated to neighbouring BUPA services.

People were protected because staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff told us about the different types of abuse that could take place and said, "I would give the person being abused reassurance" and would report their concerns to the manager. Another member of staff told us that if they suspected the manager then they would report their concerns to the Safeguarding Authority and the CQC. Staff said that they knew about the whistleblowing policy and would have no hesitation in reporting concerns. There was a safeguarding adults policy and staff had received training in safeguarding people.

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. One member of staff told us that when someone had an accident, "I call the emergency bell and make sure they are safe. I ask them if they are in pain and check the body for injuries." They told us that they would complete an accident form and pass the information to other staff at handover. We followed up on recorded incidents and found that steps had been taken to reduce the risks. One person had fallen a couple of times. Staff were reminded to encourage the person to use their walking stick and to ensure their shoes were fitted appropriately. As a result the person had not fallen recently. Other people had been referred to health care professionals to review their mobility as a result of falls.

People's medicines were managed safely and people understood the medicines that they received. People were happy with the way their medicines were being managed. One person who self-medicated told us, "If I can see the doctor on a Thursday he will organise my prescription, otherwise the nurse organises it." Other people told us that they received their medicines when they needed them. There was a clear policy and procedure in place and the staff had training in medication management and had been assessed as competent to administer people's medicines. Staff demonstrated good knowledge of medication being administered. Medicine was appropriately stored in cupboards and the medicine trolley. Each person had their own Medicine Administration Record (MAR). In front of the MARs was a photograph to enable identification. People were supported to self-medicate. When people were taking their own medicines staff kept a record of what they had taken and when. Medicine audits were completed daily, weekly and monthly and any gaps were addressed with staff. There was a PRN (as and when) protocol in place and this was reviewed regularly.

Good

Is the service effective?

Our findings

At our previous inspection the service was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not appropriate assessments of people's capacity and not all staff had an understanding of the Mental Capacity Act 2005 (MCA) and its principles. On this inspection this had improved.

People told us that staff asked them for consent before delivering care. One person who required their blood sugar levels checked told us, "They (staff) say – please can I check your sugar? Or if it's something out of the ordinary they say – shall I do this for you?" We saw that staff obtained consent before carrying out any care for people that included personal care and before they were given medicines.

The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. Staff had received training around Mental Capacity Act (MCA) 2005 and how they needed to put it into practice. We saw MCA assessments had been completed where people were unable to make decisions for themselves. Best interest meetings took place with the appropriate health care professionals present when needed. The assessments were specific to the decision that needed to be made for example in relation to bed rails or being under constant supervision. Staff were able to describe MCA to us and showed us that they carried small cards around with them with the main principles of MCA. One member of staff said, "If someone lacks capacity in one area it doesn't mean they don't have capacity in another." Another told us, "You always assume someone has capacity first. If we have to have best interest meetings then you involve the family, the person and the GP if needed." They gave us an example of a person refusing their medicines.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that DoLS applications had been completed and submitted in line with current legislation to the local authority for people living at the home, for example in relation to bed rails. Staff understood what it meant to deprive a person of their liberty and understood the need to assess a person's capacity first. One member of staff said, "You would only consider depriving someone of their liberty if it is in their best interest."

People were satisfied with the care that they received. Comments included: "I think staff have the right skills", "I can't complain about the care", "I couldn't fault the care the staff give. They take pretty good care of me."

Staff were sufficiently qualified, skilled and experienced to meet people's needs. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. One staff member said they had induction for one week, which included training on moving and handling, complaints, whistleblowing, MCA, safeguarding and infection control. They said they shadowed, "Until I felt confident to work alone." Another staff member said, "The induction actually helped me. It gave

me an idea of the job and a clearer understanding (of the job)." They added the training was good and they were looking for additional training. He said, "I have asked for more training to develop myself."

All staff received the service mandatory training including moving and handling, infection control and health and safety. Nurses were kept up date with the clinical training including wound care, catheter care, skin integrity, syringe driver and falls prevention. One member of staff told us that in addition to training, "We cover things in staff meetings. We have had a lot of training and it has helped immensely."

Staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. One member of staff said, "I have one to ones with my manager. It's very useful. It's important to have progress reports and where you can discuss any faults." We saw that supervisions and appraisals took place with staff on a regular basis.

People told us that they had access to health care professionals when they needed them. Comments included, "I tell the nurse If I need a doctor. He comes every Thursday to your room, it's all done private", "I see a consultant for my heart and another for my eyes." People's care records showed relevant health and social care professionals were involved with people's care. The health care professionals we spoke with told us that any advice they give to staff about people's needs is always followed. One health care professional told us that staff always contacted them when they needed advice about a person's care. One member of staff told us, "If someone starts to look unwell we ask the nurse to do some observations."

People were complimentary about the food at the service. One person told us, "They're really good about the food. Afternoon tea is about three thirty and supper is at five. I've said I don't want my supper at five and they save my meal for me until later." Another person said, "We have good cooks, the food is very good" and a third told us, "There is always a choice, normally two things to choose but you can ask and they will do you something special." Other comments included, "They bring afternoon tea to my room, a pot of tea and cake or biscuits", "The food is gorgeous."

We observed lunch being served in the dining room. There was a menu displayed just outside of the dining rooms for people. People were offered a choice of drinks including wine, sherry and beer. People who were in their rooms were not left waiting for their meals. The chef had records of people's individual requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. The chef said that the manager filled in people's dietary requirements on the pre-admission form and they worked with that initially. Within a couple of days of the person moving in they had a one to one conversation with the person to talk about their requirements, likes and dislikes. Any changes to people's dietary requirements were notified to the chef by the nurses. Choices were given to people regardless of their dietary restrictions. 'Nite bites' were available for people who wished to have a snack at night and the kitchen was always open so staff could make snacks for people.

Specialist equipment was provided to help people eat and drink independently, such as plate guards and adapted drinking cups. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People's weights were recorded and where needed advice was sought from the relevant health care professional. Where people needed to have their food and fluid recorded this was being done. One member of staff said, "We keep a check on the food and fluid intake of people. If we feel someone has lost weight we would put them on a food diary."

Good

Is the service caring?

Our findings

People were complimentary about the caring nature of staff. One person said, "They (staff) really do try to do what we resident's want" whilst another told us, "I couldn't fault the staff. They are ever so nice to me." Another person said, "I'm safe, settled for my afternoon rest and content. It's nice here". One relative said, "She's happy and seems very well cared for." One health care professional told us that staff were always kind and interested in people.

This feedback was supported by our observations on the day. We saw example of staff being kind and attentive to people's needs. One person asked a member of staff if they were going upstairs as they wished to go back to their room and they wanted staff to accompany them in the lift. The staff member said, "No, I wasn't but I can take you." The person replied, "That's very kind of you." We saw two staff transferring a person from their wheelchair to a chair. They were very attentive and caring whilst doing this, chatting to the person all the time and giving reassurance. Another person asked for the window to be open whilst dinner was being served and a member of staff checked with other people to make sure they were happy with this. Staff told us that they enjoyed working at the service. One told us, "I love coming to work. My work is important to me."

Staff spoke with people in a respectful manner and treated them with dignity. We saw a member of staff supporting people to make choices about where they wanted to sit and moving the chairs around to accommodate them. When personal care was being delivered staff ensured the doors were closed to ensure that their dignity was protected. When asked how they would treat people with respect one member of staff told us, "Smile at people, move down to their level and make eye contact." We saw this in practice on the day. Men were clean shaven and staff ensured that people were supported to be dressed in an appropriate way to maintain their dignity.

People were supported to be independent. We saw example of this during the inspection. Staff did not assume that people needed support but offered it. One person was sitting away from the dining table. A member of staff asked them, "Can I push you a bit nearer to the table?" to which they responded that they did not want to be pushed closer. The member of staff respected this. Another person was setting the tables in the dining room. We asked them if she did that every day and they told us that they did and enjoyed doing so. When people were eating their meal staff encouraged and supported people to eat rather than assuming that they could not do this for themselves. The environment was set up for people to walk around the service unsupported by staff which gave them independence. One member of staff told us, "We encourage people to wash themselves and we don't assume people can't do something."

People were able to make choices about when to get up in the morning, what to eat, and what to wear and activities they would like to participate in. One person told us, "I get up when I'm ready. I have a wash and come down for breakfast. I come and go to my room as I choose. I choose what I want to do." People were able to personalise their room with their own furniture and personal items so that the rooms felt more homely.

Relatives and friends were encouraged to visit and maintain relationships with people. One relative said, "They're very good here. I come down every month and stay for lunch with (the family member)." People confirmed that they were able to practice their religious beliefs. We saw that religious services were held in the home and these were open to those who wished to attend.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. One person told us, "They've just re done my care plan. Things have changed and they've brought it up to date." Another person told us that they involved them and their relative in their care planning.

Pre-admission assessments provided information about people's needs and support. This was to ensure that the service were able to meet the needs of people before they moved in. A relative told us, "The staff couldn't have been more helpful and knowledgeable about her. She was (admitted) in here with gentleness." They said, "People are up to date on her needs and put her first. I have nothing but nice things to say. It's a weight off my mind knowing she's here." There were detailed care records which outlined individual's care and support. For example, personal hygiene, medicine, health, dietary needs, sleep patterns, safety and environmental issues, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. People and relatives told us that staff responded well to their care needs. One relative said that their family member had had a change in mobility and staff responded to this quickly.

Staff told us that they read people's cares to ensure they were giving the most appropriate care. One member of staff said, "It makes a difference knowing people and reading their care plans. It gives us a true picture of their needs." Staff knew people and what their needs were. One member of staff described in detail to us the needs of one person they supported. "When you approach the person during personal care they can be anxious. I give them reassurance and I understand why (the person) feels this way." Another member of staff said, "When we have a few minutes we read the care plans to get to know people, so we can chat to them about their interests." Whilst a third member of staff said, "Sometimes I update the care plans. They are a good tool for everybody. Speaking to the family is important because you can get key information from them."

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Daily records were also completed to record each person's daily activities and personal care given. One member of staff said, "The communication is good here. We verbally discuss things at handover. It's important to be able to give good care. Information is so important to protect the residents."

People were positive about the activities on offer at the service. One person said, "There is nearly always an activity in the lounge in the afternoons, a speaker or the activity co-ordinator will organise something. It's optional, you can go or you needn't go." Another person said, "There are armchair exercises today, which I join in. It's good for me, we have it every week. One week the physio does it and the next the activities coordinator does it." A third person told us, "There's usually something going on. About three times a week there is music from outside which I enjoy." Whilst another told us, "I don't get bored. I do join activities sometimes." They told us that they had been inspired by the activities coordinator to learn to play an instrument.

We saw people took part in the exercise class led by a visiting health care professional. We saw that everyone enjoyed it with people being encouraged and prompted throughout. The lounge had an assortment of jigsaws and books and television that people watched in the afternoon. The registered manager told us that an additional coordinator was being recruited to assist with more person centred activities where people may not want to join in group activities. Staff agreed that the recruitment of an additional activities coordinator would benefit people at the service. There was a schedule of activities taking part in the service on a weekly basis. Information about the activities was available for people in reception and this included exercises, games, music and entertainment. There were also seasonal outside activities planned for instance at Christmas, Easter and in the summer.

Complaints and concerns were reviewed and used as an opportunity to improve the service. One person said that they would know where to go to complain but that "I feel happy here. I don't have any complaints." Another person told us that when they made a complaint about not having enough showers they were having this was resolved straight away. We reviewed the complaints at the service and saw that they had been resolved to the person's satisfaction. One person complained that their glasses had not been taken to hospital with them. They were offered a reimbursement and a written apology was made to them. Compliments were received at the service and these were shared with staff. One person had written 'Many many thanks for all of your kindness and help.'

Good

Is the service well-led?

Our findings

On the previous inspection in January 2016 there had not been consistent management support and staff did not always feel supported. On this inspection this had improved and there was now a permanent manager in place.

People at the service told us that the service was well managed. One person told us, "He's (the manager) is good. You can always book an appointment to see him." Whilst another told us, "(The manager) is a nice guy. He is conscientious about his job." Another person said of the deputy manager, "She is a gem that girl. You can't fault this place." One relative said, "(The manager) is exceptional."

Staff were equally as complimentary about the manager and the support they (staff) received. One told us, "(The manager) tries to listen and is trying to find new ways of doing things. We have no problem in reaching him, his door is always open." Another staff member said, "I have support from my managers, nurses and colleagues. (The manager) always sorts out a problem and he supports me with all I want to do in the future." Whilst a third told us, "(The manager) has turned this home around. He gives a lot. He was fantastic with me, he listens." One social care professional complimented the manager on ensuring two people that lived in the service short term were successfully moved back into their home and going 'above and beyond' what was expected of them.

During the inspection we saw the manager and senior members of the management team speaking and interacting with people at the service. We saw that the manager had an open door policy and people felt able to approach them whenever they needed to. The registered manager and the senior management team responded well to any areas that we felt required improvement. For instance one person was waiting to hear if they could move rooms. They felt they had not received a prompt response about this. We raised this with the management team and this was resolved before we left the inspection. The person was told that they could move into another room that was more suitable for them. Other areas that were addressed soon after the inspection included an updated skin care plan for one person, an action plan to introduce more person centred inspections and an order was made to purchase the specific alcohol beverage a person enjoyed.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Internal and external audits were completed with actions plans with time scales on how any areas could be improved. Audits were undertaken that covered health and safety, care plans, training, medication, staffing levels, meals and environmental issues. The registered manager had a 'Home Improvement Plan' where areas that had been identified were constantly reviewed. This included the maintenance around the service; a new window cleaning service had been started and additional clinical training for nursing staff.

The PIR that was completed reflected the work that was being undertaken in the service. It was clear that the registered manager understood the challenges and what needed to be undertaken to achieve quality care. The PIR stated, 'We have monthly meeting with residents and with the relatives we listen to their

opinion. Eastbury Manor have system regular monitoring of the
quality of the service and reviews of the home.' We found that this was happening.

People had the opportunity to attend residents meetings to feedback on any areas they wanted improvements on. We saw minutes of the meetings along with actions from the previous meetings. Discussions included a welcome to any new residents, news that related to the service, meals, housekeeping and activities. Two people had requested that the 'Welcome folders' were to be reviewed and updated and this had been actioned. Another person requested a particular food to be available and this had been arranged and another person had asked for a shower at a particular time and this had been communicated to staff. We saw that this had been actioned.

Staff had an opportunity to provide feedback through regular team meetings. Discussion included people's dependencies and whether the staff levels were sufficient and what additional training staff wanted. Staff were also thanked for their work.

People's feedback about how to improve the service was sought. Surveys were carried out each year and any actions needed would be addressed. The last survey completed did not contain any negative feedback and people rated the service at 100% positive.

Staff morale was good and staff worked well together as a team. One member of staff said, "I feel valued by the staff and the management. Whenever they are around they are happy to see me. I get thanked. It's a real team effort here." Another member of staff said, "We are a good team here." This was reflective of all the staff that we spoke with. Staff told us that they asked their opinion and we saw from staff meetings that they were asked to contribute to the running of the service. One member of staff said, "(The manager) bends over backboards to take on board our comments. The staff had been recognised for their work at the service and Eastbury Manor had been nominated as finalist for the British Care Awards. One member of staff told us that this was a great achievement.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.