Care Quality Commission

Knightingale Care Limited

Eastwood House Care Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 26 and 27 January 2015 and was unannounced on the first day. The care home was registered with the CQC in August 2014 so this was the first inspection of the service under the new registration.

Eastwood House Care Home is a large converted house located close to the centre of Rotherham. The home provides accommodation for up to 37 people on two floors. The care provided is for people who have needs associated with those of older people, including dementia. The home does not provide nursing care.

The service had a registered manager in post at the time of our inspection. 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.

Throughout our inspection we saw staff supporting people in a caring, responsive and patient manner. They encouraged people to be as independent as possible

Summary of findings

while taking into consideration any risks associated with their care. People who used the service and the visitors we spoke with were complimentary about the care and support provided.

People received their medications in a timely way from senior staff who had been trained to carry out this role.

We saw there was enough skilled and experienced staff on duty to meet people's needs. There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. Staff had received a structured induction into how the home operated and their role at the beginning of their employment. They had access to a varied training programme that met the needs of the people using the service. However, not all staff had received the essential training required, or refresher training, to update their knowledge and skills. We saw the registered manager was however, addressing these shortfalls.

People received a well-balanced diet and were involved in choosing what they ate. The majority of people we spoke with said they were happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

People told us their needs had been assessed before they moved into the home and the majority had been involved in formulating and reviewing their planned care. The four care files we checked reflected people's needs and preferences. They had been reviewed regularly, but changes recorded in the monthly evaluations had not always been fully incorporated into the care plans and risk assessments. We found the registered manager was arranging further care planning training and told us care plans were to be rewritten.

People had access to a varied activities programme which provided regular in-house activities and stimulation, as well as in the community. People told us they enjoyed the activities they took part in, but could choose not to participate.

People told us they had no complaints, but would feel comfortable speaking to staff if they had any concerns. We saw the complaints policy was easily available to people using or visiting the service. When concerns had been raised these had been investigated and resolved appropriately.

The provider had a system in place to enable people to share their opinion of the service provided and the general facilities at the home. We also saw a system to check if company policies had been followed and the premise was safe and well maintained. Where improvements were needed we saw the provider had put action plans in place to address these.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Staff were knowledgeable about risk and how to work with people to manage any identified risk. However, risk assessment documents had not always been updated to reflect changes in how staff should move and handle people safely.

There was a satisfactory recruitment and selection process in place to help the employer make safer recruitment decisions when employing new staff.

Medicines were stored and handled safely by staff who had been trained to carry out this role. However, staff had not always followed best practice guidance, and clear information about the administration of 'only when required' medicines was not readily available to staff.

Is the service effective?

Good

The service was effective

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated the correct processes had been followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had completed satisfactory induction training and had access to a varied training programme that helped them meet the needs of the people they supported. Where shortfalls were highlighted further courses had, or were being booked to address any gaps in staff's knowledge or update their skills.

People received a varied well-balanced diet. The majority of people we spoke with said they were happy with the meals provided. Specialist dietary needs had been assessed and catered for.

Is the service caring?

Good

The service was caring

People told us they were happy with how staff supported them and delivered their care. We saw staff interacting with people in a positive way respecting their preferences and decisions.

Staff had a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained

People had access to information about how to involve an advocate should they need additional support. Advocates can represent the views and wishes of people who are unable to express their wishes.

Summary of findings

Is the service responsive?

Good

The service was responsive

People had been encouraged to be involved in care assessments and planning their care. Care plans were individualised so they reflected each person's needs and preferences. They had been reviewed regularly, but changes recorded in the monthly evaluations had not always been fully incorporated into the care plan.

People told us activities and trips into the community were available which they could choose to take part in or not. We saw the activities provided offered stimulation and met people's individual needs.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they had no complaints, but said they would feel confident raising any issues with the manager or staff.

Is the service well-led?

Good

The service was well led

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. Action plans had been put in place to address any areas that needed improving.

People using the service, relatives and staff spoken with told us that the registered manager was accessible and approachable.

Staff were clear about their roles and responsibilities. We saw they had access to policies and procedures to inform and guide them.

Eastwood House Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 26 and 27 January 2015 and was unannounced on the first day. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included older people and caring for people living with dementia.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications and information from other agencies.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

We obtained the views of professionals who may have visited the home, such as Healthwatch and service commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 30 people using the service. We spoke with 11 people who used the service and five relatives. We also spoke with the registered manager, the deputy manager, two senior care workers, five care workers, the activities co-ordinator and the cook. We looked at the care records of four people using the service and records relating to the management of the home. This included staff rotas, meeting minutes, medication records, quality monitoring tools, and staff recruitment and training files.

During the two days we spent time observing how care was provided. 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.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home, and this was confirmed by the relatives we spoke with. People described to us how staff managed any challenging behaviour appropriately. One person told us they had observed people who used the service being aggressive at times, but said the care workers had dealt with it appropriately through "Gentle persuasion and either getting residents to move elsewhere or changing the conversation and distracting them." Another visitor told us they felt their relative was safe they said, "She came here because she was falling down a lot. I feel they keep an eye on her here."

Staff demonstrated a good understanding of people's needs and how to keep them safe. They described how they encouraged people to stay as mobile as possible while monitoring their safety. We saw care workers using a hoist to help someone into a wheelchair; they did this in a gentle, kindly and reassuring manner, taking the person's safety into consideration.

Care and support was planned and delivered in a way that promoted people's safety and welfare. The four care files we looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. These had been reviewed regularly, but in one file we saw the person's manual handling needs had changed due to deterioration in the general condition. This was clearly recorded in the evaluation section of the assessment which outlined how these changes influenced how staff supported the person to move safely. However, the actual risk assessment had not been rewritten to reflect these changes, this meant that new staff looking at the assessment would not receive up to date information unless they read the evaluation section as well. The registered manager said they would ensure staff immediately rewrote the risk assessment to include the changes.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. We saw posters were displayed throughout the home telling people how to report any safeguarding concerns; this included the phone number for the local safeguarding team. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. We found they had reported concerns promptly in the past and taken action to keep people safe.

Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. The majority of staff told us they had received initial training in this subject during their induction period, followed by periodic updates. This was confirmed in the training records we sampled, but we saw that not all staff had attended these sessions. The registered manager told us further training had been arranged and this was confirmed by a recently employed care worker we spoke with who said they were "Booked to attend the course". We saw there was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

We looked at the number of staff that were on duty on the days of our visits and checked the staff rotas to confirm the number was correct. We saw there were enough staff on duty to meet people's needs in a timely way and keep them safe. People using the service and the visitors we spoke with confirmed there was sufficient staff on duty to meet people's needs. One person who used the service said, "There seems to be enough staff, they don't seem short." Another person commented, "There is always someone there, night or day, if you pressed the buzzer." A relative told us, "We've never seen a situation where someone has needed assistance and have had to wait."

The staff we spoke with said they felt there was enough staff available to meet people's needs. A care worker told us, "We rarely work short staffed, if someone rings in at the last minute and no-one can cover the whole shift we look at covering it flexibly and staff rally round." We also found staff had the right skills, knowledge and experience to meet people's needs.

The recruitment policy, and staff comments, indicated that a satisfactory recruitment and selection process was in place. We checked five staff files to see how this had been implemented. We found files contained all the essential pre-employment checks required. This included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and

Requires improvement

Is the service safe?

vulnerable adults, to help employers make safer recruitment decisions. A recently recruited staff member described their recruitment which reflected the company policy. They added, “I had to wait until they got my references and DBS check back before they let me start work.”

The service had a medication policy which outlined how medicines should be safely managed and we saw senior care workers were responsible for administering medicines. The senior care worker on duty described a safe system to record all medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer needed. We checked if the system had been followed correctly and found it had.

We observed staff administering medicines at lunchtime. We saw they followed good practice guidance and recorded medicines after they had been given. We saw when administering eye drops they wore gloves and disposed of them when they had finished, They told us this was to minimise the chance of cross infection. However, we found none of the three bottles of eye drops checked had been dated on opening. This is carried out so make sure eye drops are disposed of after 28 days as stated on the bottle. The senior care worker told us that all eye drops were disposed of at the beginning of a new 28 day cycle. The registered manager said staff knew the correct procedure but they would reiterate that they must record the date of opening in future.

Although medicines were administered safely we noted that on a few occasions the senior care worker left the medication trolley unlocked in a communal area while they gave people their medicines. They were still in the same room as the trolley but were not always observing it while they helped people take their medicines. This was discussed with the registered manager who said they would remind staff to always lock the trolley when leaving it unattended.

Some people were prescribed medicines to be taken only 'when required', for example painkillers. We saw there was limited guidance available to staff about why and how these medicines should be given. However, staff we spoke with knew what specific medicines were for, how to tell when people needed them and administered them correctly. We spoke with the registered manager about the lack of specific detail for each medicine and they said they would ensure the information required was available to staff as soon as possible.

There was a system in place to make sure staff had followed the home’s medication procedure. For example we saw regular checks and audits had been carried out to make sure that medicines were given and recorded correctly.

Good

Is the service effective?

Our findings

The people we spoke with said staff were supportive, friendly and efficient at their job, and we received positive comments about how they delivered care and support.

We found staff had the right skills, knowledge and experience to meet people's needs. The staff we spoke with told us they had undertaken a structured induction when they started to work at the home. Two recently recruited staff confirmed they had completed essential training and an induction workbook. One new care worker told us this, along with shadowing an experienced care worker for a few weeks, had prepared them well for working at the home.

We saw a computerised training matrix was used to identify what training staff had completed and any update training needed. Although the majority of staff had attended initial training in essential topics such as care planning, dementia awareness and end of life training, we saw there were some who had not. This had also been identified by the Rotherham council when they carried out an assessment of the home in September 2014. The registered manager told us they were trying to access suitable courses, for example we saw nine places had been booked for training in safeguarding people from abuse. We were also told arrangements were being made for four staff to become manual handling trainers. All the staff we spoke with felt they had received satisfactory training and support for their job roles.Records and staff comments showed staff support sessions had taken place on a monthly basis and each member of staff received an annual appraisal of their work performance. The staff we spoke with commented about the "Good support" they had received from the registered manager.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We saw policies and procedures on these subjects were in place. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed and found they had. At the time of our inspection no-one using the service was subject to a DoLS authorisation. However, the registered manager described the procedure they had followed in a recent application they had made and we saw evidence of this in the person's file. They were also aware of the changes brought about by a Supreme Court judgement in 2014 and had liaised with the local authority about the appropriate submission of applications.

Staff were given a general awareness of the Mental Capacity Act 2005 as part of their induction to the home, but only just over half had received formal training in this subject. The registered manager told us they had arranged further training sessions for February 2015. Staff we spoke with were clear that when people had the mental capacity to make their own decisions this would be respected. We saw where people lacked capacity, decisions were made in their best interest and took into account what the person liked and disliked. Information contained in individual care plans showed the service had assessed people in relation to their capacity.

The majority of people we spoke with said they enjoyed the meals provided and were happy with the choice of food they received. One person told us, "We have a good cook, if you don't like anything you can have something else." Another person commented, "Mustn't grumble, it's very nice." However, one person said they thought there was too much 'junk' food on the menu. We checked menus which showed that predominantly meals provided were varied and nutritious. They contained meals such as roast dinner on a Sunday, stews, fish and pies. Another person told us, "Food could be improved, the way it's cooked, not much fresh stuff, enough of it though, nobody would go hungry." We shared this information with the registered manager so they could consult with people further about the menu options.

The cook told us the activities co-ordinator talked with people about their preferences and told kitchen staff about any particular preferences. They said staff went round each morning and asked people what they preferred and if someone did not want the set meal alternatives were offered, such as a jacket potato. One person told us, "I don't like mashed potatoes so I always have chips." We also saw vegetarian options were available.

Good

Is the service effective?

The cook demonstrated a satisfactory understanding of the different diets needed, such as for people with diabetes and people who required pureed meals. They described how they fortified food by adding cheese and cream to the meals of people assessed as being at risk of not eating enough. They also said they prepared 'smoothies' and offered people snacks between meals. We saw people being offered drinks and cheese and biscuits mid-morning and they confirmed snacks were available throughout the day and night. One person commented, "I rang at quarter to five this morning and asked for a cup of tea and they brought me one."

At lunchtime we saw that although people had pre-selected their meal they were still offered a choice, in case they had changed their mind. Staff were seen asking people what they wanted and offering alternatives if they did not want the set menu. Staff served meals in a quiet, calm manner and spoke quietly to each other about people's wishes, respecting their privacy. We observed they spoke with people constantly, both when serving meals or in passing. We saw staff ask people if they wanted assistance with eating their meals. When assistance was given it was at the person's own pace and in a reassuring, patient, non-patronising way.

People were supported to maintain good health and had access to healthcare services. Care records detailed involvement from people such as the dietician, chiropodist, GP, district nurse and the falls team. Records showed people had received timely support from professionals, which had been recorded in their file. We also saw each person had a health action plan on file which detailed any health issues.

Records and people's comments demonstrated that people's health needs were monitored and concerns were acted on in a timely manner. For example people's weight had been monitored regularly to help ensure they maintained a healthy weight. Staff told us how GPs, dieticians and the speech and language team (SALT) had been involved if there were any concerns. People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk. Where people were assessed as being at risk, records were in place to monitor people's food and fluid intake. A care worker told us, "We weigh people at least once a week if they are not eating enough and monitor what they are eating for four weeks. If there is a problem we get them referred to the dietician, or SALT if needed."

People who used the service and the relatives we spoke with said staff had contacted doctors in a timely manner when necessary and kept them informed of what was happening. One person said, "They get the doctor and when I needed to go to hospital they arranged transport." A relative told us, "They keep us informed; when she was quite poorly they kept in contact, kept us in the loop."

The unit on the first floor had been developed to create a dementia friendly environment. We saw there were reminiscence areas, tactile displays, photo boards and picture sign to help people to easily find the bathrooms and toilets.

Good

Is the service caring?

Our findings

The people we spoke with told us staff respected their decisions. Not everyone could remember being involved in planning their care, but we saw people's needs and preferences were detailed in their care plans. A relative told us they had not initially discussed their relatives care needs with staff but had completed a 'Your life book.' They went on to say they knew there was a care plan and they had seen it. They also confirmed they had attended review meetings with the social worker and staff at the home to discuss their family members care provision. Another relative told us, "We sit down with the manager and do that regularly [review the care plan]."

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. We also saw people's final wishes for their end of life care had been recorded in some people's files so staff had guidance about people's preferences. The registered manager told us staff were attempting to obtain this information from relatives so it could be included in each person's care file.

We found the home had a calm, relaxed atmosphere. As well as the main lounge areas on both floors, we saw there were also smaller 'quiet' lounges and quiet secluded areas off the corridors where people could sit and have privacy if they wished. People told us they appreciated these facilities. One person said, "It's [the home] a nice quiet place." A relative commented, "There are quiet places to talk, alcoves or the blue room [quiet lounge]."

People told us that overall they were happy with the care provided and complimented the staff for the way they supported people. We saw staff speaking to people in a kind and respectful manner. They went down to their eye level and offered reassurance when required; this was given in a softly spoken manner. One person told us, "If you ask for anything you get it." Another person said staff were "friendly and helpful." A third person commented, "The girls are very good, if you want anything you ask, I've got no problems whatsoever."

We saw posters about respecting people's dignity were displayed throughout the home. The registered manager told us they were arranging to have two designated dignity champions, but it was expected that every member of staff championed people's dignity. People we spoke with said they felt staff respected their dignity. One person commented, "They treat you with respect, like a grownup." Their relative added "They do have choices, staff go on what residents say, if mum was still at home living with me she wouldn't get them as much."

Some people were unable to speak with us due to their complex needs. Therefore we spent time observing the interactions between staff and people who used the service. People appeared happy and relaxed with staff, who communicated with them at a level they could understand. We saw staff talking to people and encouraging them to be involved with activities. We also saw them enabling people to be as independent as possible while providing support and assistance where required.

Staff gave clear examples of how they would preserve people's dignity. A senior care worker explained how it was instilled during the induction of new staff that they must respect people's dignity. They said staff were told to always knock on people's doors even if they knew they could not answer. Staff also told us how they did not share confidential and private information about people, closed curtains and doors, and covered people up as much as possible when providing personal care. One staff member commented, "I try to make sure they look as they would like to look at home, hair done, glasses clean and the clothes they like."

People told us visitors were encouraged at the home. One person said, "They let your family come anytime." A relative confirmed, "We can come anytime, they make us welcome and ask on occasions if we'd like a drink." We saw staff knew visiting relatives and were sensitive to the disappointment that could result from relatives not turning up. One person told us, "If your family don't come they ask you if you are ok, if you want anything."

We saw people had access to information about how to contact an independent advocacy agency should they need additional support. Advocates can represent the views and wishes of people who are unable to express their wishes.

Good

Is the service responsive?

Our findings

People told us they were happy with the care provided and complimented the staff for the way they supported them. They said staff responded to their needs and wishes and did not highlight anything more they needed.

We checked four people's care files which evidenced that needs assessments had been carried out before they moved into the home. In some cases the files also contained assessments from the local authority. Staff told us how this information had been used to formulate the person's care plan.

The care records we sampled contained detailed information about the areas the person needed support with and any risks associated with their care. Files were indexed so information could be located easily, but they also contained out of date information which was no longer relevant. The registered manager told us they were aware of this and said files were to be checked and old information archived.

We saw some care records had not been updated to reflect changes in the person's needs. For example in one file we saw that although changes had been recorded in detail in the monthly evaluation record, this information had not been incorporated into the risk assessment document. The registered manager said they would ensure staff immediately rewrote the risk assessment to include the changes. We also saw that although some care plans had been added and updated the person who used the service, or their representative, had not been asked to re-sign the plans to acknowledge they agreed with the new planned care.

The registered manager told us they were auditing care files and had already identified some of the shortfalls we had highlighted. We saw evidence of this in one of the files we checked. The registered manager said further care planning training was being arranged and all care plans would be rewritten to make sure they contained the correct information. In the meantime they said they would make sure the issues we identified were addressed immediately.

We saw care plans and risk assessment tools had been reviewed regularly and reflected changes in people's needs. Family members we spoke to told us they felt the home was responsive to their relatives 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.

The home had a dedicated social activities co-ordinator who facilitated the planned activities programme on both units and arranged for external entertainment. This included games, quizzes and one to one time. We saw people were also accompanied out into the community for walks and on trips. People told us they had enjoyed trips out shopping and outings to the coast, 'The Deep' and a local wildlife park.

Where people were unable, or chose not to go out into the community, staff described how they tried to bring community type experiences into the home. For example a 'pub lunch' had been arranged at the home for people not able to attend the one arranged at a local pub. One person also told us "If you want anything from outside sweets or stuff, they'll fetch it for you." Another person said the activities co-ordinator took them, "shopping and to do their banking." We found that once a month a local Anglican vicar attended to hold Communion and a Catholic Priest visited someone living at the home. People told us they enjoyed these events.

Over the two days of our inspection we saw some people taking part in a ball game which involved answering questions. We saw that although the degree of response was mixed everyone appeared to be enjoying the game. The activities co-ordinator spoke with people in a gentle and kind manner and encouraged them to respond to the "questions" raised by the ball.

Information about people's hobbies and interests were included in the care files we checked. We saw the activities co-ordinator encouraged a recently admitted person to share details for their "life story" which would be added to their care file so staff knew about them and their interests.

We saw there were bright, interesting and stimulating displays around the home as well as noticeboards detailing planned activities and entertainment. These included photographs of people taking part in activities, memory files, tactile wall displays, pictures and postcards.

The activities co-ordinator told us they had not received any formal training for their role, this had been highlighted by the council when they visited the home in September 2014. However, they said they now attended a local group

Good

Is the service responsive?

where they shared ideas with other activities co-ordinators. They told us they tried to stick to the planned activities programme displayed on the noticeboards but sometimes made changes to suit people's preferences.

The provider had a complaints procedure which was available to people who lived and visited the home. There was also a suggestion box in the reception area where people could post suggestions or raise concerns. We saw three concerns had been logged since the service was registered in August 2014. The system in place provided the detail of each complaint, what action was taken and the outcome. This demonstrated that the registered manager listened to people's concerns and took action to address any shortfalls.

The people we spoke with who used the service raised no concerns about the home or the service they received, but they said they would feel comfortable doing so if they needed to. Everyone told us they knew who to go to if they needed to complain. One person told us, "If you have any complaints or any trouble you just tell them." Another person commented, "You can talk to any of them [staff] if you have a problem." A third person said, "They [staff] are always obliging and helpful, I've no problems, if I had I'd tell the manager, well the girl's too."

Relatives told us they had raised minor issues or concerns in the past and said these had been dealt with promptly. One relative told us they had "Raised an issue on personal hygiene" with the registered manager, which they said had been resolved. They added, "We raised a few practical issues about the room, the door closer and the hinges, they mended it straight away."

Two relatives said they thought their family member's rooms were too cold. We checked them with the maintenance man who said they were not aware of the issue. The maintenance man agreed that the rooms were cold. We raised the issue with the registered manager who said they would make sure the issue was addressed immediately. Following our visit the registered manager confirmed immediate action had been taken and the heating problem had been rectified.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. People we spoke with told us they felt the registered manager was approachable and listened to what they thought. Throughout the two days we visited the registered manager was visible around the home and knowledgeable about the needs of the people living there. We observed them supporting staff when necessary and being readily available to people who wanted to speak to them. We found there was a feeling of calmness about the home even when unexpected incidents happened.

We saw the company had used surveys and meetings to gain people's views. The last surveys carried out in December 2014 had been used to consult with people using the service, relatives and professionals who visited. The ones we sampled indicated that overall people were very happy with the care and support provided and how the service operated. A healthcare professional had commented, "Excellent – would be happy if my relatives were cared for by Eastwood House." A relative had stated, "Management and staff are very caring towards all the residents and I feel they always do their best for them." We saw that some people had identified areas that could improve such as the laundry and the timings of bathing; however, the registered manager said an action plan would be formulated to take people's comments into account. They said once they had summarised the results the outcome of the surveys would be shared at meetings and displayed in the reception area.

We also saw a suggestion box was available in the reception area so people could share their opinions and ideas. Overall the people we spoke with told us they were happy with the support they, or their relative received, and the facilities available. We saw some areas of the home were in need of some redecoration, but improvements had been made with more planned.

The registered manager and the people we spoke with told us meetings took place periodically which involved people who used the service and their relatives. This was confirmed by the people we spoke with, and the minutes of the meetings we sampled. We also saw a quarterly newsletter was used to make people aware of events happening in the home and community.

Staff we spoke with said they enjoyed working at the home and felt they were able to share their thoughts and opinions at quarterly staff meetings or as they arose. We sampled the minutes of the last meeting which showed staff actively took part in the meeting. One member of staff told us, "We have good staff morale, everyone gets on, there's no preciousness of jobs or roles." Another care worker said, "We pull together, we get on," which they felt had a positive effect on people living at the home. A third care worker told us, "We know that if we have any problems, any queries we can knock on their [the registered managers] door and ask." When we asked staff if there was anything they felt the provider could improve at the home they could not think of anything except to update the décor.

We saw various audits had been used to make sure policies and procedures were being followed. This included health and safety, care records, accidents and incidents, complaints, infection control and medication practices. This enabled the registered manager to monitor how the home was operating and staffs' performance.

The registered manager told us the provider visited the home at least once every two weeks, but there was no evidence of them carrying out any audits or checks to make sure the home was operating as expected. We saw on one occasion someone had visited the home on behalf of the provider. The registered manager showed us the action plan they had received following the visit but there was no record of what they had looked at overall.

Other internal and external audits had also taken place to check the service was operating safely. We saw when shortfalls had been found action plans had been put in place to address any issues which required improvement. The registered manager described how they were working to address the actions needed to improve the service following the local authorities visit in September 2014.

We also saw the service had been awarded a five star rating by the Environmental Health Officer for the systems and equipment in place in the Kitchen. This is the highest rating achievable.