Eothen Homes Limited

# Eothen Residential Homes - Sutton

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 |

# Summary of findings

## Overall summary

This inspection took place on 1 and 3 August 2017, the first day was unannounced.

At our comprehensive inspection on 6 September 2016, we found the provider was not meeting the regulation in respect of medicines management. We also identified improvements were required around the home's quality assurance processes and the submission of statutory notifications as required by their CQC registration. Following the inspection, the provider sent us an action plan which set out the action they were taking to meet the regulations. At our next inspection in December 2016 we found the provider had met the breach although we identified some improvements were needed in relation to the recording of topical medicines and the management of 'as required' medicines.

The home provides care and accommodation for up to 36 older people, some of whom may be living with dementia. This service offers respite care breaks as well as long term residential care. There were 34 people using the service at the time of our inspection.

Although we undertook this inspection as part of our planned inspection programme, we also received some information of concern about the service. This related to staffing levels, staff using unsafe moving and handling techniques and people not being given choice around their morning routines. We looked at these issues during this inspection and found no concerns.

We found there were improvements with the ways medicines were managed. New audits and checks were in place although further work was required to embed and sustain consistent safe practice for the recording of people's medicines. We have made a recommendation about medicines management.

People felt safe and well cared for. Risks to people's health and well-being were assessed and kept under review. Staff took action to minimise these risks and keep people safe. Staff knew how to recognise and report any concerns they had about people's care and welfare and how to protect them from abuse.

The environment was safely maintained and people had the equipment they needed to meet their assessed needs. People's bedrooms were personalised and furnished to comfortable standards.

At the time of our inspection there were enough staff to meet people's needs and keep them safe. Staff received ongoing training and support to fulfil their roles and keep their knowledge and skills up to date.

People had clear assessments of their needs and plans were in place to meet them. Information was communicated well within the staff team and people's care plans were reviewed regularly. The home worked well with other professionals and people were supported to access the healthcare services they needed.

There was a varied daily choice of meals and people were able to give feedback and have choice in what

they ate and drank. People were encouraged and supported to eat and drink well. When people were at risk of poor nutrition or dehydration, staff involved other professionals such as the GP or dietician.

There were positive and caring relationships between staff and people who lived in the home and this extended to relatives and other visitors. People maintained important relationships with family, and relatives felt involved in the care and support their family members received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring, respectful and made sure people's privacy and dignity were maintained. People and their relatives were supported sensitively during end of life care.

People continued to benefit from an extensive range of activities in and outside the service which met their individual needs and interests.

There was an open and inclusive atmosphere in the service and the registered manager showed effective leadership. Staff were clear about their roles and responsibilities and felt supported by her and each other.

People and their relatives were encouraged to express their views and opinions. They knew how to complain and make suggestions, and were confident their views would be acted upon. The provider had a complaints procedure to support this.

The provider had good oversight of everything that happened at the home. Management and staff completed regular audits to check the quality and safety of the service. Where improvements were needed or lessons learnt, action was taken.

## 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 remains requires improvement.

Although the previous breach had been addressed around medicines management, some further checks were needed to sustain safe practice for the recording and safe administration of people's medicines. The registered manager had begun to address this.

People felt safe and staff knew about their responsibility to protect people from the risk of abuse and harm. Risks to people's safety were identified and planned for. Steps were taken to minimise these and keep people safe.

People lived in a safe environment that was kept clean and well maintained.

People were supported by sufficient numbers of staff and the provider followed the correct recruitment process.

We could not improve the rating for this question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### Is the service effective?

**Good**

The service remains Good

### Is the service caring?

**Good**

The service remains Good

### Is the service responsive?

**Good**

The service remains Good

### Is the service well-led?

**Good**

The service remains Good

# Eothen Residential Homes - Sutton

**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.

Prior to our inspection we reviewed the information we held about the service. This included notifications we had received from the provider and other information we hold about the service including, any safeguarding alerts and outcomes, complaints and inspection history. Notifications are information about important events which the service is required to tell us about by law. The provider had not been asked by us to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection took place on 1 and 3 August 2017 and the first day was unannounced. The inspection was carried out by two inspectors and a pharmacist inspector.

We spoke with 11 people using the service and seven of their relatives or representatives. Due to their needs, some people were unable to share their direct views and experiences. Along with general observation, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, six members of care staff, the activities co-ordinator, chef, office administrator and operations manager. We also spoke with four visiting health and social care professionals. We reviewed care records for eight people using the service. We checked staff records for three staff members recruited in the past six months. We looked around the premises and at records for the management of the service including quality assurance systems, audits and health and safety records.

We looked at the systems in place for managing medicines. We spoke to staff involved in the governance and administration of medicines. We examined seven medicines administration records (MARs) and observed medicine administration for five people.

Following our inspection, the registered manager sent us information we had requested about staff training, quality assurance audits, findings and planned improvements.

Requires Improvement

# Is the service safe?

## Our findings

At the previous inspection on 6 September 2016 we found that practice for managing people's medicines was not always safe and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our next inspection in December 2016 we found the breach had been addressed although some other areas of practice required improvement.

At this inspection we found some further improvements had been made. However some additional actions needed to be taken to sustain a consistent and safe practice with medicines management. The registered manager had already identified the improvements were needed and introduced further checks although these were not yet fully embedded into practice.

People told us they received their medicines when they needed them. While the majority of medicine administration records (MARs) were completed accurately, we found some gaps where staff had not signed to confirm a medicine had been administered. At the last inspection we identified that staff did not always complete the administration record for topical medicines (creams, ointments, gels). At this inspection we identified there were still recording errors although we were satisfied people had still received their topical medicine when needed. The registered manager said that they would implement a MAR chart check at each handover to make sure that staff completed administration records correctly. This was put in place on the day of our inspection. The home had put in place medicine alert cards to highlight to staff where people were taking antibiotics or new medicines. This was a good safety measure and errors had reduced in terms of missed doses of antibiotics.

Medicines that require additional controls because of their potential for abuse (controlled drugs) were stored in a separate locked cupboard. Administration records were correct but regular stock checks were not carried out. The registered manager agreed to include a controlled drug stock check at each handover to make sure that any discrepancies were highlighted at the soonest opportunity. This was put in place on the day of our inspection.

On one occasion we observed a staff member gave people their medicines to take unobserved and then signed the MAR. This was not in line with good practice. The medicines trolley was also left unlocked in the hallway for brief periods during the medicine round although it was always in sight to a member of staff. We brought this to the attention of the registered manager who confirmed that the matter would be addressed through staff training and supervision. The manager told us they also planned to carry out more observational checks on staff competency around administration.

Since the last inspection, the home had implemented as required protocols for people who take medicines as and when needed, for example, pain relief and laxatives. The protocols were in place for all as required medicines. GPs conducted regular visits to people although there was no record of people receiving regular medicine reviews. In accordance with NICE guidelines people in care homes should have their medicines reviewed at least once per year, and more frequently where people are prescribed sedating medicines. Medicine reviews allow a GP to check that medicine regimes are safe and effective for people. The registered

manager agreed to arrange reviews with the GP.

Staff responsible for administering medicines received regular medicine training and knowledge checks. Medicines were stored securely in a treatment room and in locked medicine trollies. There were fridge and room temperature records that clearly demonstrated medicines were stored at the correct temperatures. Staff completed stock counts for medicines stored in boxes; this helped to make sure people did not miss doses of medicines.

Senior staff and the pharmacist carried out regular medicine audits and identified areas for improvement. Medicine errors were reported and investigated. We saw that there had been changes to processes because of learning from audits and errors. The changes and learning was shared with staff at meetings and on a one-to-one basis. This helped to improve standards and decreased the chance of repeating errors.

We recommend that the registered provider reviews their processes for medicines administration in line with current guidance and take action to update their practice accordingly.

People we spoke with told us they felt safe and well treated. One person told us, "I feel safe as anything. I have a call bell on my wrist and staff come quickly if I need them." A relative commented, "I know she's well looked after and safe here." A visiting professional said, "I would have no hesitation about putting my own relative here. It feels safe."

People remained protected from the risk of abuse and harm. Staff members we spoke with understood what types of abuse people could experience. They knew their responsibility to report any concerns they may observe and had completed safeguarding training. Records held by the home and CQC showed the service had made appropriate safeguarding referrals when necessary and that staff worked in partnership with the local authority and other agencies to protect people. We saw evidence that the staff had worked with other professionals to look at how they could improve the care for people. This included a refresher training course for all staff on pressure ulcer management.

Staff were aware of the risk associated with people's individual needs and described the actions they took to reduce these. We observed staff using appropriate techniques to support people to mobilise. People who used walking frames had them clearly labelled with their names and a colour coded ribbon to inform staff what level of assistance they required to mobilise. For example, green represented "fully independent with frame." Staff checked with a person whether they knew what it was for and they replied, "because I don't need help." A visiting professional told us they had never seen anyone moved or transferred inappropriately and that staff used the correct equipment in safe ways.

Up to date risk assessments and guidelines were in place to inform staff about potential risks to people's care and welfare. These included moving and handling assessments, risks associated with pressure ulcers, malnutrition and dehydration and falls prevention. We saw risks were kept under review and action taken in response to risks flagged by assessments. For example, when people were assessed at high risk of malnutrition, staff made a referral to the dietician and district nurses saw people who were at high risk of pressure ulcers. We noted that some risk management plans were not as person centred as they could be and contained generic lists of action to take in response to a high risk rating. The registered manager confirmed they would review these.

We saw a range of equipment in use to reduce the risk of falls, the risk of injury from falls and to alert staff in the event of someone falling. This included low beds, crash mats and door sensor alarms. The alarms were used at night to alert staff when people were walking in the corridors. One person who was living with

dementia also had one on their bedroom door. These systems enabled staff to monitor people's safety without restricting their freedom. Call bells were in working order and were within reach of people's beds. People said staff responded promptly to any request for support and when they needed to use their calls bells or pendant alarms. During our inspection we saw staff using telephone pagers to communicate with each other or request assistance.

The premises were safe, clean and continued to be well maintained. Dedicated staff were employed to clean the communal areas, bedrooms and bathrooms. People confirmed that the domestic staff came in daily to clean their rooms. One person said, "The place is kept immaculate and the cleaners are all friendly."

People said there were enough staff around when they needed assistance. We observed that people received the attention and support they required throughout our visit. For example, there was always a staff member in attendance in the lounges and people received adequate support to eat their meals or undertake activities. One relative told us, "Always staff around and I can ask for assistance." Another relative said, "The staff vary but we've had no problems. They use agency staff when they need to."

There was a mixture of new and more experienced staff; with many staff having worked at the home for several years. The registered manager explained that the service had experienced some staff changes in recent months and additional recruitment was underway to fill vacancies. To ensure consistency and continuity of care for people the same agency staff were used. Rotas showed staffing levels were met and arranged flexibly to meet people's needs. The registered manager completed a monthly review of people's dependency and used this information to adjust staff allocation where needed.

The provider continued to follow a robust recruitment process before staff started work. This helped ensure they were suitable and safe to work with people who lived at the home. Staff files showed the required recruitment checks were carried out. These included proof of identity, a full employment history, written references, training qualifications and a check with the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record. We noted that agency staff had been regularly working in the home but there was no information about their skills and experience. The registered manager agreed to use a checklist to confirm that agency staff were appropriately trained and suitable for the role. This was put in place at the time of our inspection.

Good

# Is the service effective?

## Our findings

People expressed confidence in the care staff provided and felt that staff understood their care and support needs. Relatives shared similar views. We observed staff undertaking tasks and providing care and support to people in a competent manner. Staff helped and supported people to move around using appropriate mobility aids. Staff worked at each person's pace and encouraged independence.

We spoke with a new member of staff who was in the process of completing their induction. They spoke positively about the training and support they had received since joining. This included being given time to get to know people and their needs as well as practical training in moving and handling. The staff member said they found this very useful as they were able to experience being transferred by hoist and gain an understanding of how this felt for people. They told us, "There's a lot of knowledge in the staff team, other staff are helpful and I can ask them if I need advice." An agency staff member told us they were given a full induction to the home and kept well informed about people's needs through daily handovers.

Staff completed training relevant to their role and responsibilities. This included mandatory training to keep people safe, such as moving and handling, safeguarding, food hygiene and fire safety. The provider used the Care Certificate which is a nationally recognised framework for good practice in the induction of staff. Other training gave staff the knowledge and skills to meet people's individual needs. Examples included dementia care, communication skills, falls prevention, nutrition and hydration and pressure area care. One member of staff who was assigned falls champion told us they planned to do train the trainer course in that subject. Clear posters were displayed giving staff guidance about different aspects of care such as safeguarding, mental capacity, falls, pain management, sepsis and how to report various health concerns and use the Vanguard pathway. The Vanguard initiative was set up by the local authority to improve healthcare provision in care homes and prevent hospital admissions where possible.

The registered manager monitored staff training, to ensure staff received refresher training to keep their skills updated. Staff were also supported to improve the quality of care they provided to people through direct observation of their practice. This included staff capability when using moving and handling techniques or administering medicines. Staff files contained evidence of induction, supervision and yearly appraisals of their work performance. Records of staff supervision that had taken place covered people's care, training and developments in the service. Staff told us they felt supported on a daily basis by the registered manager and other colleagues.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service continued to work within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met.

People confirmed that staff always sought their consent before care and support was provided. Throughout our inspection staff offered people choices and supported their decisions about what they wanted to do. We

saw and heard staff explain what they were going to do before giving assistance.

People's mental capacity had been assessed and taken into consideration when planning their care needs. Care plans explained where people were able to make decisions for themselves or if best interests' discussions would be needed to support them. Relatives told us how they were consulted about their family member's care where the person was unable to make their own decisions. Where people had a lasting power of attorney (LPA) appointed, this had been verified. A LPA has the authority to make specific best interests' decisions on behalf of that person, if they were unable to make the decisions for themselves. Staff knew their responsibilities and what to do if a person could not make decisions about their care and treatment. This included involving people close to the person as well as other professionals such as an advocate or GP. The manager had assessed where a person may be deprived of their liberty and made appropriate referrals to the local authority where this applied. Records were in place to demonstrate this.

People and their relatives were complimentary about the food and the variety available. A relative told us, "[My relative] seems to like the food. There's always a choice."

The atmosphere throughout lunch was relaxed and unhurried with people being given choice and sufficient time to enjoy their meal. There was a main dining room with smaller dining areas for people who required extra support when eating. Staff sat with people, gave individual support where people needed assistance and encouraged them to eat at their own pace. The daily menu was clearly displayed, reflected a varied and nutritional diet and included several choices. Information was available to staff detailing which people needed help eating, had poor eyesight or if they had a special diet or particular food preference.

Staff offered hot and cold drinks throughout the day and whenever people wanted them. There were fresh jugs of water available to people in their bedrooms. One person had a bottle of wine which was kept in the food pantry with their name clearly marked. Staff offered the person some of their wine with lunch.

The chef showed good knowledge about people's nutritional needs, food preferences and how to prepare meals correctly for those who required soft diets. Detailed information about this was available in the kitchen.

Care plans included details about people's nutritional needs as well as their favourite foods and specific diets. People were assessed for the risk of poor nutrition and hydration and staff used the Malnutrition Universal Screening Tool (MUST) to do this. Monitoring sheets were in place for those people at risk and were reviewed monthly. We saw that where required, records were kept of people's weights, food and drink intake and positional changes to prevent pressure sores.

People continued to receive effective support with their health care needs and regularly saw doctors and other healthcare professionals as needed. One person said, "I'm going to get my eyes checked today." A relative told us their family member had a history of recurrent infections and that staff were "very aware of signs when (their relative) was becoming unwell." Another relative told us their family member had a specific health condition and staff had made a referral to a specialist consultant for further advice on how to meet the person's needs.

A health care professional told us they visited frequently, either planned or responsive, and felt the home had a good relationship with their service and understood people's healthcare needs well. Another visiting professional described the home as "very good" and told us, "They (staff) collect the information or data needed and always follow advice and treatment plans."

A GP visited the service regularly to attend to any health concerns. This was confirmed by people we spoke with. Some people had on-going treatment from the district nursing team. Care records contained evidence of visits from and appointments with a variety of healthcare professionals. Information and advice from other healthcare providers was included in people's care plans.

There were spacious, accessible toilets and bathrooms situated throughout the home. Facilities were equipped with sufficient aids and adaptations to meet people's physical needs such as raised toilet seats and hand rails for support. People had mobility aids and other specialist equipment to promote and maintain their independence.

Areas of the home promoted engagement and wellbeing for people living with dementia. In the corridors, there were items that provided people with stimulation or links to past memories and activities. This included a noughts and crosses board, a sewing display, retro grocery items, posters and books.

Good

# Is the service caring?

## Our findings

Everyone we spoke with was complimentary about the staff who supported them and the care provided. People's comments included, "The care is good. They're marvellous here", "Wonderful lot" "Staff are very good, patient" and "Superb, the ethos of the place is right, we are well cared for." Relatives and visiting professionals shared similar views. One relative described the staff as "brilliant" and told us, "there's always a cosy, friendly atmosphere." A professional told us, "Very special staff, they're calm and kind, patient and compassionate. They know the residents really well." Another professional told us the registered manager was "fantastic, treats people like her family."

There was a friendly atmosphere throughout the home and interactions between staff and people were positive and caring. Staff supported people with kindness and compassion, taking time to sit with them for a chat or accompany them with walking. People and staff chatted and laughed together. One person told us they liked to "share jokes" with staff who they described as "kind and respectful, they will do anything for you." We observed staff were affectionate and caring in their interactions. Staff held people's hands to let them know they were listening and provide reassurance or comfort to individuals.

The registered manager and staff were knowledgeable about the care and support people required and their preferred routines. We observed that their approach was patient and personalised. Staff chatted to people about their families and other things that were important to them. Staff recognised people's interests and achievements. One member of staff shared one person's joy over receiving a photo of a young relative achieving an award. They said to the person, "you must be very proud" and called other staff over so the person could show them. Another person mentioned sherry at tea time and a member of staff told them, "we don't have any sherry but I'll put it on tomorrow's shopping list if you like?" We heard one member of staff chatting to a person in several different languages, which the person clearly took an interest in.

People told us they remained involved in decisions that affected their lives and were able to express their needs and preferences. This included the times they got up and went to bed; how and where they spent their day and what activities they participated in. A visiting professional said people were always offered choices. Our observations, feedback and review of records confirmed this. Staff explained what help they were going to give people before doing anything, then let people make the choice for themselves. When staff assisted people to move or transfer, they checked that people were comfortable and knew what to expect next. For example, staff clearly explained how they were going to help a person get out of their wheelchair and into the dining chair, only starting when the person had agreed. One person said they didn't want their hair cut and the hairdresser explained when she would next be at the home; the person opted to wait until then. We observed a member of staff offer a person a visual choice of juice cartons so they could make their decision. One member of staff told us, "People can lay in longer, get up when they want, the choices here are good for people." Another staff member told us there were "lots of decision making choices" and felt this was a strength of the service.

In the care records, there was detail about people's likes, dislikes, personal history, preferred routines and what was important to them. Examples included, "To walk, go in the courtyard, have regular contact with

my family" and "likes to be up by 8.00am and prefers to come down for all her meals." Another person's care plan highlighted the importance for staff to come to them promptly after they rang their call bell because they became anxious otherwise. A "This is me" document included information about people's upbringing, early life, education, career and important occasions in their life. In some cases, care plans were not as personalised. The registered manager was taking action to address this and confirmed that senior staff were reviewing everyone's care records for consistency. We saw records to support this and a monthly care plan check had been introduced.

Information displayed around the home had been produced in an easy to read format using large print and photographs or pictures. Large wipe boards showed information about meals. Notice boards in the reception area displayed details about activities and the services provided.

People were supported to maintain relationships with their families and friends. Relatives told us they were involved in the home and were always made to feel welcome. They confirmed that staff always kept them up to date with the health and welfare of their family member which was important to them. Visitors told us they were regularly invited to social events such as parties and other celebrations.

People confirmed that staff continued to respect their privacy and dignity. People told us they felt valued and staff always respected their choices and independence. Our observations showed that staff assisted people in a sensitive and discreet way. Staff knocked on doors and made sure people had privacy, when being supported with any personal care needs. People were able to spend time alone and enjoy their personal space. People's rooms were personalised with their belongings, memorabilia and photos or possessions that were meaningful to them.

End of life care was managed with sensitivity and staff had attended training to give them the skills and knowledge to care for people appropriately. A visiting professional told us, "The home copes very well with end of life care. They recognise their own limitations and call for help when they need it." A relative spoke about the care and compassion staff showed when their family member passed away telling us, "Staff have been amazing and looked after me as well."

Care plans covered people's end of life preferences and needs. This included how to ensure the person's comfort and dignity, pain relief and other medicines, capacity to consent, arrangements for being cared for in bed and any other agencies providing input into end of life care. Information was personalised, such as making sure people were wearing their hearing aids if they'd said that was what they wanted. The care plans were completed in advance of the person reaching this stage in the care pathway.

Some people had DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) agreements in place. These are decisions made in relation to whether people who are very ill and unwell would want to be resuscitated or would benefit from being resuscitated, if they stopped breathing. The forms we checked had been completed correctly in consultation with the person, doctors, and family, where appropriate. This ensured that people's wishes would be carried out as requested.

Good

# Is the service responsive?

## Our findings

People and their relatives felt the service remained responsive and that staff continued to meet people's needs. Comments from people included, "It's great here, I don't need much help but they (staff) would if needed" and "I'm happy here and pleased I found this place. I can't speak highly enough of it." One person's relative told us, "They are good at making sure people get back from hospital." A visiting professional told us they could always find the information they needed in people's care records.

People had assessments of their needs before moving in. Staff used the information to develop care plans and support records that identified people's strengths and abilities and the support they would need to maintain their independence. The assessments showed people and their relatives had been included and involved in the process wherever possible. People and visitors we spoke with confirmed they were asked about their needs and expectations prior to moving.

People's care plans explained what a person could do for themselves and what support they required from staff. There was information about people's social and emotional needs, including how to support people to stay in touch with loved ones. Care records reflected how health conditions such as diabetes might impact upon people's care and how living with dementia affected people's daily lives. For example, how a person living with dementia communicated and how staff should respond when a person became upset or disorientated. Care plans contained information about people's physical needs, what equipment they used and how staff should use it.

People's diverse needs were understood and supported and they were asked about their preferences as part of the admission process. Care plans included details about people's needs in relation to age, disability, gender, race, religion and belief. People told us how important their faith was to them. Prayer services were part of the daily activities; most people in the home were practising Christians and had chosen the home based on its religious ethos. One person told us, "This is a Christian home. I get communion once a week."

People's changing needs were responded to appropriately. Records showed people's needs and abilities were reviewed every month and their care plans were updated when their needs changed. Examples included after a return from hospital or to take into account changes when people approached the end of their lives. Updates had been made when people's medicines or health needs had changed. For example, after increasing falls people were referred for an assessment of their mobility. The staff we spoke with had a clear understanding of people's care and support needs as well as their preferred routines and interests. They told us any new concerns or issues relating to people's welfare were shared at daily handover meetings between shifts.

The home had a dedicated co-ordinator who organised a weekly timetable of varied activities. People and relatives spoke positively about the activities staff and the choices available. People's comments included, "She's good. There's always lots going on. It's amazing. There's the garden party coming up", "You can join in as you choose" and "I like the garden and summer house and enjoy the exercise activities. A relative said their family member had "never been one for joining in" but the home still found plenty for her to do. A

visiting professional commented, "The activities coordinator is very caring and imaginative with activities. There is lots of social engagement; the residents get on well and are encouraged to socialise." A member of staff felt the activities were a strength of the service and told us, "There's a good range, I see people really perk up."

Activities were taking place as planned during our inspection. We saw people busy and engaged in individual activities both independently and with staff. These included newspapers and books, jigsaw puzzles, a button sorting activity and a "do you remember me" reminiscence card game. Group activities included a sitting netball game, quiz and a discussion about food rations in the war. There was an on-site hairdressing salon and people told us they enjoyed visits from outside entertainers. These included musicians, school choirs, pet therapy and a recent visit from a bird sanctuary organisation.

The activities co-ordinator recognised the importance of social interaction for people and demonstrated knowledge about the physical and psychological benefits of activities on people's wellbeing. Each person had an activity record where the activity co-ordinator noted people's
personal preferences with regard to involvement in activities. The records were individual, reflected people's hobbies and interests and included photographs of them enjoying the activities they took part in. Activities were advertised around the home and people were given a newsletter about upcoming events.

People and relatives told us they felt involved in developments at the service and were asked for their views and feedback. This was done through care plan reviews, meetings held at the home and annual surveys. People were able to raise their concerns with staff and none of the people we spoke with said they had any complaints. One relative told us they had once raised a concern about their family member's medication and this was promptly dealt with. They said, "The manager arranged a meeting with the GP and (name of person) came off a lot of medicines and has much improved."

People were given a complaints procedure when they came to live at Eothen and a copy was displayed in the reception area of the home. The procedure set out the steps they could follow if they were unhappy about the service. There was information about who to contact and how complaints would be managed. There were also leaflets and forms available to people and visitors should they wish to raise a concern or make a suggestion. Records captured how the service had responded to any complaints along with a full report of the outcome and any action taken in response. The home had received many compliments from relatives and professionals involved with the service.

Good

# Is the service well-led?

## Our findings

The service continued to be well led and the same registered manager was in post since our last 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 2008 and associated Regulations about how the service is run.

The registered manager continued to demonstrate a good knowledge of her role and responsibilities and how to effectively lead the team of staff. Comments received from staff members, relatives and people who lived at the service were positive about the registered manager's organisation and leadership. People told us, "very good, approachable and easy to contact." A new member of staff described the manager as "approachable, knowledgeable" and said if they had any problems they could always ask. Another staff member said the manager was "organised well" and "very hands on."

Visiting professionals also shared similar views. One professional described the manager as "thorough, organised, exceeds expectations, knows people very well and always makes sure her consistently high standards are met." They also said, "There is a real honesty and integrity here; they are very open and transparent."

The service promoted and encouraged open communication between people, relatives and staff. Surveys were carried out to gather views of people, their relatives staff and other stakeholders. The latest survey results were being analysed and due to be published later in the year. People and relatives confirmed they had recently been given questionnaires to complete. Findings from the previous survey in 2016 were positive and action had been taken in response to the few comments raised. This included arranging a food tasting session for relatives at family meeting and adjusting staffing levels where people needed more support in the mornings. Outcomes from the 2016 staff survey showed the provider listened to staff feedback. For example, a new standing hoist had been purchased and an in house training officer was appointed to support staff with further learning.

Staff meetings were held regularly and we saw discussions about care planning, incidents, training, health and safety and quality assurance recorded in the minutes. Staff told us there was effective communication with important information shared in both staff and daily handover meetings. Meetings were also used to share learning and best practice.

An operations manager visited the service monthly to carry out checks on the quality of the service. This included looking at people's care and associated records, staff training and supervision, health and safety and presentation of the environment. The operations manager told us that recent staff changes had been a challenge for the service and had identified training and supervision as needing some improvement. There were also plans to appoint staff as champions in areas such as dignity, falls prevention, infection control and end of life care. We saw an action plan to support this.

Other in-house audits were regularly carried out by the staff team who each had designated responsibilities. Records were clearly maintained and showed what action was being taken in response to any shortfalls. We saw that following a recent care plan audit, staff were provided with report writing training. The registered manager had also identified issues we found with medicines records through their own medication audit in July 2017.

Accidents and incidents were fully documented to give an overview of what had happened and the action taken to prevent a reoccurrence. Such events were reported appropriately and action was taken to minimise the risk of them happening again. For example, when a person lost weight or sustained a pressure sore, appropriate professionals were involved. The registered manager reviewed accident reports monthly to identify any patterns or trends and see where people's general health and mobility was improving or deteriorating. She shared information with outside agencies such as CQC and the local authority when necessary.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Before our inspection we checked the records we held about the service. We found the registered manager had notified us appropriately of any reportable events.

Management and staff worked positively with external professionals and their feedback comments supported this. One professional told us, "Communication with the manager is very good" and another said, "This is one of the best homes in the area."

The local authority carried out a monitoring visit in May 2017 and made a recommendation that people's care plans reflected their personal goals and outcomes. The registered manager was taking action to address this and due to complete a review of everyone's care records. The service had also been working with the local authority to enhance staff training. This showed that the provider worked in partnership with other professionals to support care provision.