

Delpin Limited

Eldonian House Care Centre

Inspection report

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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

An unannounced inspection took place on 24 & 25 April 2018.

At the previous inspection in April 2017 we found that the provider was in breach of 2014 Regulations with regard to poor recording practices for medication administration and storage of medicines and the lack of a governance system in place to assess the quality and effectiveness of the service provided. At this inspection we found improvements had been made.

Eldonian House Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Eldonian House Care Centre accommodates 30 people living with dementia in one adapted building. Accommodation includes all single bedrooms with ensuite facilities, two main lounges and a dining room. There are two outdoor enclosed areas for people to enjoy.

There is a registered manager at the home. 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.

We found that medicines were administered and managed safely in the home. Regular stock checks and weekly medication audits were now completed. A Medication Administration Record (MAR) file was in place to guide staff for safe administration of medication. For each person there was a photograph with details such as name, date of birth, any allergies, their GP and any medical conditions. All staff that administered medication received medicines administration training and competency checks were completed every year.

The registered provider had put a number of checks and audits in place since our last inspection which were used to improve the quality of care provided.

There was a sufficient number of suitably trained and qualified staff on duty to meet the needs of the people who lived at the home. Staff were supported regularly through supervision meetings, annual appraisals and staff meetings, which were held every three months.

The staff presented as caring, kind and knowledgeable about people's needs.

Safeguarding systems, processes and practices helped staff to understand how to protect people from abuse, neglect, harassment and breaches of their dignity and respect. Risk assessments were undertaken to support people safely and in accordance with their individual needs. They were updated each month to reflect any changes in people's needs monthly to ensure they received the appropriate care and support.

The home was odour free, clean and kept hygienic. Personal protective equipment (PPE) such as aprons and gloves were available and used when supporting people with personal care and administering medication.

A four week menu was in place and people were offered nutritious meals. People told us the food was good. People's nutritional needs were assessed and recorded. Food allergies, likes/dislikes and requirements were recorded. Staff monitored people's dietary intake and weight.

The environment and equipment was well maintained and subject to service contracts and safety checks.

Staff sought advice from external health and social care professionals at the appropriate time. This ensured people's health was monitored effectively.

Care staff respected and promoted people's privacy, dignity and independence. They were caring and compassionate in their approach and encouraged people to express their views.

People were involved in making decisions about their care and support. Managers and staff acted in accordance with the Mental Capacity Act and ensured that people received the right kind of assistance to support them in making decisions.

Activities were provided regularly for people, such as games, crafts and musical entertainment. Access to a minibus enabled people to enjoy social events at local community centres and trips to the cinema.

People living in the home and relatives were able to share their views and were able to provide feedback about the service. Feedback on inspection from people in the home and relatives was very positive regarding the care provided.

Complaints received by the home were recorded and investigated appropriately.

Staff were aware of the need to support people approaching the end of their life and care planning arrangements were person centred to ensure their wishes and needs were respected.

The home was well managed by the registered manager and staff were well supported. Feedback on inspection from people in the home, relatives and staff was positive regarding the registered manager's leadership.

The rating from the last inspection was clearly displayed in the home as required.

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.

We found systems in place to manage medicines were safe.

Risks to people's safety were assessed and control measures were in place to help ensure their safety.

Environmental hazards were identified and measures taken to ensure people lived in a safe comfortable environment.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

There were enough staff on duty to ensure people's care needs were consistently met.

Is the service effective?

Good ●

The service was effective.

Managers and staff acted in accordance with the Mental Capacity Act and ensured that people received the right kind of assistance to support them to make decisions.

Healthcare professionals were involved in people's care.

People enjoyed a varied diet which met their dietary needs and preferences.

Staff were supported through induction, regular on-going training, supervision and appraisal.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and caring and compassionate.

People's privacy, dignity and independence were respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People had access to social activities including trips into the local community.

People's concerns and complaints listened and responded to and used to improve the quality of care.

Staff were aware of the need to support people approaching the end of their life and care planning arrangements were person centred to ensure their wishes and needs were respected.

Is the service well-led?

Good ●

The service was well led.

Systems and process were robust and effective in monitoring the service and driving forward improvements.

Staff sought feedback from people and relatives to gain their views about the home.

There was a registered manager in post and feedback regarding the leadership and management of the service was positive.

Eldonian House Care Centre

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.

The inspection took place on 24 & 25 April 2018 and unannounced.

The inspection team consisted of two adult social care inspectors 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 was dementia care.

Before the inspection we checked the information that we held about the service and the registered provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We contacted professionals connected with the service and asked for their views. We used all of this information to plan how the inspection should be conducted.

We observed care and support and carried out a Short Observational Framework for Inspection (SOFI). The SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other problems.

We spoke with six people living at the home, six relatives and interviewed six staff, including the registered manager and the provider. We spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets and other records relating to the management of the service. We received some feedback from a healthcare professional and a social care professional who had experience of visiting the home and working with the registered manager and staff.

Is the service safe?

Our findings

We previously visited this home in April 2017 and found the registered provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning the poor recording practices for medication administration and storage of medicines. At this inspection we found that improvements had been made and the breach had been met.

We looked at medication administration records (MAR) for eight people living in the home. Records were clear and there was evidence that stock checks were being completed. We checked a sample of medicines stocks and these were correct. We found a MAR file had guidance for staff on how to record administration of medication. For each person there was a photograph with details such as name, date of birth, any allergies, their GP and any medical conditions. For each person there was a guide to the tablets they took with a description of the drug and an illustration of it. This information provided for staff helped to ensure the safe and correct administration of medication. There were no gaps in records indicating that people were receiving medicines as prescribed. People said they received their medicines on time. A person told us, "Yes, they're very good about that."

Medication was kept securely in a locked room and in two locked drugs trolleys. Some medicines need to be stored under certain conditions, such as in a medicine refrigerator, which ensured their effectiveness was maintained. The temperature of the medicines room and refrigerator were recorded daily and were in safe limits. This helped to ensure the medicines stored in this fridge were safe to use. Items stored in the refrigerator were correctly stored and identified when they were opened to ensure they were only used during the recommended time frame.

Some people in the home were prescribed medicines to be taken 'as required'. Information (protocols) was in place everyone who needed it to guide staff how to give the medicines properly. The information was detailed and person centred. Where the person was unable to communicate pain the guidance gave instructions on how they typically presented pain or agitation. For example, for a person their protocol stated, "If [name] becomes anxious give them a cup of tea and something to eat first."

A person received their medication covertly (hidden and without their knowledge). The registered provider's policy was with the file and was individualised to the person concerned, We found there were sufficient details as to why it was in place and guidance for staff specifically how to administer this medication. We saw the home had followed the best interest process and documents were signed by the Registered Manager, the person's GP and the pharmacist.

We saw evidence that regular medication audits were being completed and any issues were being addressed promptly. All staff that administered medication were given medicine administration training and we saw evidence that competency checks were completed every year by the registered provider for all staff, including the registered manager.

People living in the home and the visitors we spoke with told us that Eldonian House was a safe place to live.

A person told us, "I don't know, I just feel safe. I can't explain why. It's a safe place to live; it's a nice place to live."

Visitors' comments included, "The codes on the door and stairs make it safe. I know [name] can't get out", "When we come in the staff are really marvellous. I couldn't keep [name] safe at home", "They [people in the home] can't get out, and others can't get in", "The security plus the 24 hour care, and that [name] is with other people" and "[Name] is always accompanied by a member of staff and the front door's always locked".

Accidents and incidents were recorded. The file was well organised and documented the date and incident type so that each incident could be located with ease. We saw that accidents and incidents were analysed and an action plan was attached to each audit. This meant that any themes and trends could be identified to prevent further occurrence. For example, we saw that observations for one person were increased to check on their safety and where appropriate referrals had been made to healthcare professionals for intervention.

Staff had completed training in safeguarding vulnerable adults and we were aware of the action they would take to ensure actual or potential harm was reported. Some people displayed behaviour that may challenge because of their diagnosis of dementia. Records were kept of incidents and corresponding care plans were completed to advise staff how best to support people during these times. This helped ensure staff supported people in a consistent manner. Staff were knowledgeable about people who could present with these behavioural needs. Positive action had been taken in order to keep other more vulnerable people safe.

The provider had a whistleblowing policy and staff we spoke with were aware of what the term whistleblowing meant and said they would not hesitate to report other people if required to.

We looked at a number of care records which showed that a range of personalised risk assessments had been undertaken to support people safely. Risk assessments were completed for moving and handling, falls, nutrition, skin integrity and for using bedrails. We found that these documents were regularly reviewed by staff to ensure they were up to date to reflect people's current needs.

Most people we asked people said there were enough staff on duty at all times: A person who lived in the home said, "Yes, but they're always on the go." Another person said, "Yes, I don't have to wait for anything" and another person said, "Anything you want you just ask them for it." Visitors' comments included, "I've no concerns about staffing. I feel they really look after them well" and "Sometimes they could do with another one or two and then they could do more with them".

Call bells were answered in a timely manner and people received support when they required it. There were five care staff, including the senior carer working each day, with four care staff at night. Ancillary staff including domestic and kitchen staff worked across seven days. The registered manager worked Monday to Friday, but was available via the telephone in an emergency. The registered manager was in the process of employing more staff.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We found that full pre-employment checks were carried out prior to a member of staff commencing work. This included ensuring each person had two references and identification on file. Disclosure and Barring Service (DBS) checks were completed for each member of staff. A valid DBS check is a check for all staff employed to care and support people within health and social care settings.

We saw evidence that safety checks, including fire alarms, emergency lighting and water temperatures were

completed regularly. The registered manager and other staff recorded any requirements, such as replacement light bulbs, or repairs to help ensure the home was safe. We saw from the records kept that issues when identified had been addressed.

Equipment used in the home were monitored and serviced regularly; Safety certificates for electrical safety, gas safety, legionella and kitchen hygiene were up to date. This ensured good safety standards in the home.

We saw personal emergency evacuation plans (PEEPs) were completed for the people living in the home to help effective evacuation of the home in case of an emergency. A signing in book was in place to record visitors to the home and to ensure an accurate record of people on the premises in case of an emergency such as fire. However we saw that this was not regularly used by all visitors. We pointed this out to the registered manager, who said they would address this with staff.

Everyone was happy with the cleanliness in the home; one person told us, "Everywhere was cleaned every day." We looked at some bedrooms, bathrooms and the communal rooms; they appeared clean and were odour free. Domestic staff were visible though out the inspection. They told us they worked to a schedule to help ensure everywhere was kept clean. Personal protective equipment (PPE) such as aprons and gloves were available and used by all staff when supporting people with personal care, cleaning and when serving food. The home had received a recent food hygiene inspection and received a 5 star (very good) rating, which was an improvement from the last inspection.

Is the service effective?

Our findings

At the last inspection in April 2017 we made a recommendation that the service reviewed its approach to adapting the home and make it more suitable for people living with dementia. Since the last inspection the registered provider and the registered manager had made some improvements and had bought a lot of items, such as pictures, a memory case, but these were yet to be put up or used. Other items, such as a board to display the day and date had been ordered. Photographs to demonstrate the menu had been taken and were waiting to be laminated.

Around the home there were some pictures and photographs of 'Old Liverpool'. The building had been completely refurbished. Handrails and skirting boards contrasted with flooring and walls which helped people to mobilise safely. Large signs for key areas such as, toilets and bathrooms were displayed. People's bedroom doors were identified by name plates, which also showed their preferred name. A secure outdoor area had been refurbished to a high standard for people to enjoy. It included different textures to walk on and sounds of running water. The registered manager told us they hope to make more of this area when the weather improved and people could sit out and enjoy it. The registered provider and registered manager told us of their plans for further improvements, which included , replacing the remaining areas still carpeted with plain flooring and making the first floor lounge to look like a tea shop.

We found that the layout of Eldonian House largely met the needs of people living there. The home was a purpose built building with level access to the front and was accessible throughout by a passenger lift. All bedrooms had ensuite facilities and people had personalised their bedrooms with photographs and their own furniture. Specialist bathing equipment was available for use in bathrooms.

We looked at how the registered provider and registered manager provided care to meet people's assessed needs. Each person had an assessment of need and plan of care to help ensure their needs were met. We found that care records were regularly reviewed by relevant care staff.

We saw that pre admission assessments were carried out to ensure that people's needs and preferences could be met and the home could keep them safe.

Everyone told us they could see a doctor if they were unwell and visitors said they were informed straight away if their relative was unwell. A person who lived in the home said, "The staff keep an eye on you all the time. They know right away if something's not right." Records we looked at showed people saw healthcare professionals as they needed to, such as District Nurses, Community Matrons, Optician and GP.

Care records showed that people had access to a range of health care professionals to maintain their health and wellbeing. Referrals were made when staff recognised a change in people's health. For example, when a person had lost weight a referral was made to the dietician for advice. A healthcare professional we spoke with before the inspection told us they did not have any concerns about the care of people living at Eldonian House. They said, "The staff always refer people appropriately; they make contact with us and take action early."

We looked at the training and support in place for staff. The registered provider had recently changed the way training was delivered; the new trainer worked using workbooks and one to one sessions. Face to face training was used mainly for safe moving and handling of people and medication. The home's administrator was responsible for keeping track and informing staff when they needed to attend training courses and kept the training matrix up to date.

Records seen showed staff had completed training in subjects considered 'mandatory' (essential) by the provider such as Person Centred Care, Mental Capacity Act & DoLS, Equality, Diversity & Inclusion, Moving Safety of People, Prevention and Infection Control, Food Safety, Safeguarding, Health & Safety, Fire Safety, Dementia Awareness and COSHH (Control of Substances Hazardous to Health). The registered manager and senior staff had also completed training for Safe Handling of medication. This shows a good base of staff knowledge to help ensure effective care for people.

Information provided to us in the PIR by the registered manager stated that all care staff had achieved a NVQ or Diploma in Health and Social Care qualification at level 2 or above.

Staff were supported through supervision meetings every four months and annual appraisals. We saw evidence which supported this. Staff we spoke with said they felt supported by the registered manager and registered provider.

We asked everyone what they thought about the food: People's comments included, "It's very good, I enjoy the food", "it's quite alright", "It's very good. There's plenty of it and it's always well cooked. If you want a sandwich before you go to bed, it's there".

Visitors told us their relatives ate well. Some of their comments included, "As far as I know [name] likes it", "[Name] eats well and likes the food", "It's very good, [name] is eating very well" and "[Name] has got a fantastic appetite".

One of the team had lunch and we observed how staff supported people with their meals. People were able to eat at their own pace. The food was nicely presented. We saw staff assisted people with their meal, by cutting up food or sitting with them to assist and encourage them. A menu wasn't displayed to inform people of the meal for the day. We were informed that photographs had been taken of the different meals on the menu and were waiting to be displayed.

Cooks we spoke with showed a good insight and knowledge of people's dietary needs and particular preferences, likes and dislikes.

There was a four week menu, which offered a good selection of home-made, 'traditional style' meals including soups and desserts. People were offered a choice of options for breakfast, ranging from cereals, toast to a full cooked breakfast. Whilst there was one option for lunch and tea on the menu for each meal, alternatives were always offered. For example, one person said they did not eat chicken, which was on the menu that day. They told us the cook had been to see them to discuss what they would like as an alternative meal. We spoke with the cook about this person and other people who had particular dislikes. Some people had dietary needs, such as diabetes; some people required a soft or pureed meal, whilst some people had cultural needs relating to food. The cook was able to provide information about the people concerned and told us about the alternative meals people were offered. All of this information was clearly recorded in the kitchen.

We looked in the food stores and freezers. Plenty of fresh, chilled and frozen food was in stock to make alternative meals and snacks for people. Hot and cold drinks were offered throughout the day, and included

biscuits each morning and fresh fruit and cakes each afternoon.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the registered provider had followed the requirements in the DoLS. Applications had been submitted to the local authority for authority to do so. The registered manager kept a record of DoLS that had been authorised, those still awaiting a decision from the local authority and any relevant dates for renewal. Mental capacity assessments had been completed prior to submitting the DoLS application to demonstrate the person was lacking capacity to make the decision to live in the home.

People were supported by staff to make decisions regarding day to day activities. We saw staff asking a person if they wanted to do a certain task or activity.

Is the service caring?

Our findings

People told us about the staff who worked at the home. One person said, "We have very good staff. We can sit down and talk to them and they'll listen." Another person said "The staff keep an eye on you all the time. They know right away if something's not right." Others described them as "Very good," and "Nice". A visitor told us, "The staff are really good, they really understand [name]. They're always happy."

A social care professional told us, "The home manager and care staff are caring and supportive of service users and family members."

We asked people how they were treated by staff. Some of their comments included, "They're very good. They'll always get you something if you want them to", "They treat me very well, they're good people". Visitors told us staff were very good. Comments included, "They're always laughing with [name]", "All of the staff treat [name] with respect" and "They treat [name] very well".

Everyone we spoke with said staff encouraged them to be as independent as they could be. However we saw that some people were very dependent on staff for personal care and assistance with mobility. We observed staff supporting people around the home in a gentle manner, to access the toilet, supporting with meals and giving drinks and snacks. We found staff responded to people's needs and were reassuring, caring and attentive. We saw staff interacted with humour and there was lots of chatter.

Everyone told us that visitors were welcome at any time. The majority of visitors told us they or another member of the family came every day. We saw that staff appeared to know all of the visitors by name.

We asked people how privacy and dignity was maintained. The majority of people said the staff always knocked on bedroom doors before entering. A visitor told us, "The staff are very discreet when they take [name] out of the lounge to [attend to personal care needs]." Throughout our inspection we saw that staff spoke kindly to people and they addressed everyone by preferred name.

People at the home had their views taken into account when deciding how to spend their day. The registered provider gave people opportunity to express their views and to be involved in decisions about their care in the home. 'Residents and relatives' meetings were held to encourage people to be involved with the day to day matters and change anything they did not like. Minutes of these meetings were taken and displayed in the hallway for people to read.

We saw from care records we looked at a person had been supported to access the local advocacy service. The registered manager told us they had made this referral on the persons behalf so that the person had a 'voice'.

Is the service responsive?

Our findings

We found that person centred care was provided at the home. Information was recorded in people's care records which gave staff some insight into their personal history, which included their family, employment, and their hobbies and interests. We found that some information recorded was more substantial for some people than others. The registered manager told us that he asked family members for as much information as they could remember when a person was admitted to the home. This was so staff would have some background information about the person and could be used when having conversations with them and encourage them to engage with staff.

We asked people how they spent their day: Some people told us they enjoyed reading and watching TV. One person said, "we have games and dances, a band comes in." Another person said, "Everything is done according to the person, if you say you don't like the music, the music's changed".

A visitor told us, "When we're here [name] will get involved, they try to involve her in things". Other comments included, "They take them out", "[Name] has stopped reading, they walk round all day", "[Name] will sing and likes colouring. If I'm here and something's going on they will join in" and "If there's anything going on [name] will join in".

There was an activities coordinator in post. During the two days of our inspection we observed people playing cards and board games, colouring, singing to music and on the second day some people had enjoyed a picnic at the local canal. Other regular activities included, trips out, going to the cinema on dementia friendly film days. The TV was on in both lounges but we observed nobody taking any interest in the programme. The staff had access to transport which meant that people now enjoyed trips out. People were taken to local community centres to enjoy social activities. The activities coordinator had begun making 'scrap books' for people, which included photographs of them at these events and other activities; this meant that relatives were able to see what their family member had taken part in. The registered manager had collected items to use for reminiscence, such as old newspapers and photographs. A recently acquired activities case contained many items people would remember using and could talk about.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint. The majority of people said if they had any complaints they would speak to the manager. A person who lived in the home and a visitor told us they had made a complaint and in both instances the matter was resolved quickly and to their satisfaction. We discussed this with the registered manager, who confirmed this was the case. The complaints policy was displayed in the entrance hall.

Information recorded in care records demonstrated that people and/or their relatives had been asked about their wishes for 'end of life care', their funeral and burial wishes. Do Not Attempt Resuscitation (DNAR) forms had been completed where appropriate by the person's GP and located in people's care files. No one living at Eldonian House was currently being care for at the end stages of their life.

Is the service well-led?

Our findings

We previously visited this home in April 2017 and found the registered provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning the lack of a governance system in place to assess the quality and effectiveness of the service provided at Eldonian House. At this inspection we found that improvements had been made and the breach had been met.

A range of systems and processes were now in place to assess, monitor and improve the safety and quality of the service. Checks were completed within the home, such as housekeeping (including infection control and catering), health and safety, care planning, administration and medicines. We saw that identified actions were addressed and signed off when completed.

The registered provider checked each person's care record and medication record and stock every three months to ensure care records were complete up to date and medication was being safely administered. The registered provider carried out a health and safety maintenance audit every six months to ensure the building was safe and an 'Oversight' audit every six months.

When asked people described the atmosphere in the home as, "A good laugh", "very open-minded", "good", "upbeat", "relaxed", "happy" and "quite jolly".

The PIR stated, "[There is an] Open Door" policy, whereby service users & their families know that they are welcome to pop in and have a chat with the manager at any time and about anything, no matter how small. New culture of openness, designed to build trust and provide service users and their families with the on-going reassurance that such brings. Comments we received confirmed this.

The majority of people we spoke with knew who the registered manager was, and said they were very approachable. People said they saw [registered manager] around the home, they always spoke to them when they passed the office or [registered manager] let them in. A visitor told us, "If you need to see him, he's always there".

We found the registered manager took an active interest in each person who lived in the home and was knowledgeable about their current health and support needs. They told us they attended the staff handover each morning to ensure they were kept informed. The registered provider was a regular visitor to the home. They supported the registered manager and met with them each month to discuss the day to day operating of the home. Staff we spoke with said they found both the registered manager and registered provider very supportive.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Eldonian House.

From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The service was displaying its current inspection rating as required.

The registered manager and registered provider attended 'Locality provider meetings' and meetings at the Care Home Association. The home was externally audited by Liverpool City Council Commissioning team and the Clinical Commissioning Group (CCG) Medicines Management team, to help drive the improvement of good and safe standard of care provided at Eldonian house.

People living in the home and relatives were able to share their views and were able to provide feedback about the service. A 'resident and families' meeting had been held recently. They took place every three months. Questionnaires had been sent out to family members and staff by the registered provider in January 2018 and were about the theme, 'Caring'. Comments made in the responses received were positive about the care provided and reported that staff met people's needs. The registered provider informed us another questionnaire was due to be sent out in the next month.

Staff were consulted about the service through staff meetings and questionnaires. Questionnaires were sent out in February 2018. Staff meetings were held every three months.