St. Vincent Care Homes Limited

Eden House

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

This inspection took place on 18 and 24 October 2018 and was unannounced.

Eden House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and personal care for up to 21 people and there were 18 people living at the home at the time of the inspection. Eden House is a detached older property which has been extended and adapted to be suitable as a care home. There is a passenger lift so people can access the first floor. Most bedrooms were single rooms and all had ensuite facilities. Communal areas included a lounge and dining room. Around the home there were other quieter areas where people could sit should they choose to do so. An enclosed garden was fully accessible for people.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider had arrangements in place to protect people from risks to their safety and welfare. Arrangements were also in place to store medicines safely and to administer them according to people's needs and preferences. People were supported to access healthcare services, such as GPs and community nursing teams. At the end of their lives people received the care they required to remain comfortable and pain free.

Staffing levels enabled people to be supported safely and in a calm, professional manner. Recruitment processes were followed to make sure only workers who were suitable to work in a care setting were employed. New staff received appropriate training and arrangements were in place to ensure other staff completed required update training. Staff felt supported by the management team.

Staff were aware of the need to gain people's consent to their care and support. 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. The arrangements included processes and procedures to protect people from the risk of abuse.

People were supported to eat and drink enough to maintain their health and welfare. They could make choices about their food and drink, and meals were prepared appropriately where people had particular dietary needs.

People and visitors found staff to be kind and caring. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's individuality, privacy,

dignity and independence. The home had an open, friendly atmosphere in which people, visitors and staff were encouraged to make their views and opinions known.

Care and support were based on plans which considered people's needs and conditions, as well as their abilities and preferences. Care plans were adapted as people's needs changed, and were reviewed regularly.

People could take part in leisure activities which reflected their interests and provided mental and physical stimulation. Group and individual activities were available if people wished to take part.

Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided. The registered manager and provider acted where these systems found improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good .	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Eden House

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 24 October 2018 and was unannounced. It was completed by one 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.

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service and eight family members or friends of people who used the service. We spoke with the registered manager, the provider's nominated individual, a director of the provider, five care staff, an activities coordinator, a maintenance worker, two kitchen staff and two housekeepers. We received feedback from two professionals visiting the home.

We looked at care plans and associated records for five people and records relating to the management of the service, including: quality monitoring audits, duty rosters, staff recruitment files, accident and incident records and maintenance records.

We observed care and support being delivered in communal areas of the home. We 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.

Good

Is the service safe?

Our findings

The service continued to be safe.

People told us they received their medicines as prescribed. One person told us, "They [staff] do that [medicines], they always seem to remember them." The person also confirmed they could receive additional medicine such as for a headache if they asked for it. Medicine administration records (MARs) included specific instructions where people had swallowing difficulties and liquid medicines were available for these people. On the first day of the inspection we identified a few occasions when staff had not fully completed MARs to confirm medicines had been administered. On the second day of the inspection the registered manager showed us a new auditing tool for night staff to complete to check that all medicines had been signed for on the preceding day. This would ensure any gaps in the MARs would be promptly identified enabling action, if required, to be taken. We also identified that the provider's medicines policy which reflected best practice guidance was not always being followed by care staff. Where handwritten changes or additions had been made to MARs these had not always been signed by the staff member making the amendment or checked to confirm accuracy by a second staff member. This was also included on the new medicines audit tool. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Appropriate arrangements were in place for obtaining, storing and disposing of prescribed medicines.

People felt safe. One person said, "I feel safe, the staff are here when I need them, very kind", whilst another person told us, "I feel safe here, no problems with other residents." Relatives also felt people were safe. One visitor said, "My friend seems safe here, no problems." Another visitor who had two family members living at Eden House told us, "Both my relatives are safe here, never have a problem with other residents and haven't lost anything."

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One staff member told us "Any concerns I would go to [the registered manager]. They would take action but if not, I could contact you or safeguarding." Another staff member said, "We have all done training in safeguarding, the numbers are [location of safeguarding teams numbers] if we needed them but I would tell the senior or the manager first." The registered manager explained the action they would take if they had a safeguarding concern. The action described would ensure the person's safety and help reduce the risk of any further concerns.

Individual risks for people were managed safely. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, nutrition, moving and handling and developing pressure injuries. Risk assessments had been regularly reviewed and were individualised to each person. These procedures helped ensure people were safe from avoidable harm. Staff had been trained to support people to move safely and we observed

equipment being used in accordance with best practice guidance. Staff explained the risks related to individual people and what action they needed to take to mitigate these risks.

Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents. For example, where people had fallen, records showed the person had been monitored for any head injuries, assessments were completed of all known risk factors and additional measures put in place to protect the person where possible. All incidents and accidents were reviewed monthly with the management team to identify any patterns or trends and action taken to mitigate these.

There were clear emergency procedures in place. Staff knew what action to take if the fire alarm sounded, completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. People had personal evacuation plans in place detailing the support they would need in an emergency. Staff had also undertaken first aid training. Emergency equipment was available should this be required. An emergency call bell system was located within all areas of the home and staff used 'walkie talkies' to communicate with other staff and get prompt support in an emergency.

The provider had a safe recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All the appropriate checks, such as references, full employment history and Disclosure and Barring Service (DBS) checks were completed for all the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. A staff member confirmed that they were unable to start work at the home until their DBS had been completed and references from previous employers received.

There were sufficient numbers of staff on duty to meet people's needs. People told us staff were available when they needed them. One person said, "The staff are available for me, I do not feel rushed". Another person said, "The staff are available when I need them." A visitor told us "There are always staff around". The registered manager told us that staffing levels were based on the needs of the people using the service. They described how the provider trusted them to use the staffing budget flexibly to provide more staff at times when these were required. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences, such as those due to staff sickness, to be managed. Staff were not rushed and were able to respond to people's requests for assistance in a timely manner. Staff felt that the staffing levels were suitable to meet the needs of the people. Staff comments included, "They [management team] will always try to get agency staff if we are going to be short, such as if someone [staff] is unwell."

People were protected from the risk of infection. People told us they felt the home was kept clean at all times. One person told us "It is kept very clean here, they are always cleaning", whilst a visitor said, "The home and equipment are kept clean, very much so." The premises and the equipment were clean with schedules in place to ensure all areas were cleaned at regular intervals. Staff followed the provider's infection control procedures to prevent and manage potential risks of infection. The registered manager appropriately described how they managed any specific infection concerns. Colour coded equipment was used, along with personal protective equipment (PPE). PPE equipment, such as single use aprons and gloves were available and used by staff. Infection control audits and an annual infection control statement had been completed.

Good

Is the service effective?

Our findings

The service continued to provide effective care.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme which included shadowing experienced staff and undertaking the Care Certificate. This sets the standards people working in adult social care need to meet before they can safely work unsupervised. Records showed staff had completed training when first employed; however, they were not all up to date with refresher training, as required by the provider's training policy. The registered manager had a plan in place to ensure staff completed all necessary update training which we saw was booked to occur following the inspection. One staff member said, "When I first started there was lots of training." Another staff member said, "We've got a list; next week I'm doing moving and handling training."

Staff said they felt supported appropriately in their role. They said they felt able to approach the registered manager or the provider's nominated individual if they had any concerns or suggestions for the improvement of the service. However, they had not all received recent or regular individual support meetings with the registered manager or deputy manager. The registered manager acknowledged that individual meetings had not been occurring as frequently as per the provider's policy and we saw a list had been produced to rectify this. A staff meeting had occurred to provide some group supervision. An on-call system provided staff with access to a member of the management team when one was not immediately available in the home.

People told us staff knew how to care for them and told us their health and personal care needs were met. A visitor told us "[Name of relative] always looks clean and well cared for." People were supported to maintain good health and staff accessed appropriate healthcare services when required. Records showed people had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes of consultations were recorded in detail showing staff identified medical needs and sought appropriate treatment promptly. The service used technology to monitor people's general health and take action where necessary. For example, a variety of health monitoring equipment was used as part of a 'telehealth' scheme in partnership with the local medical centre. With the consent of the person, staff used the equipment to take their observations, such as blood pressure, temperature and pulse, which could then be sent electronically to the medical centre. This enabled staff to identify adverse readings and highlight this to medical professionals immediately.

Where people had specific needs in relation to their health, there were systems in place to ensure they received the necessary care they required. The registered manager said they always requested medical information from the person's GP at the time of admission. They identified that this helped ensure they were aware of all medical history meaning this could be considered as part of the care planning process. Should a person require hospital treatment in an emergency there was key individual information prepared to ensure hospital staff understood the person's needs and how these should be met. One staff member told us how they had spent five hours at the hospital the preceding day when a person had been admitted as an

emergency. They said they had stayed with the person until they were admitted to a ward to ensure they received support whilst in the emergency department and staff on the ward understood the person's needs.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care record gave guidance for staff on how best to support the person if they became distressed and others described the individual support people needed with personal care. Care staff said they would report any changes in people's care or needs to senior staff as soon as they occurred, meaning prompt action could be taken to ensure people's needs were effectively met.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. People told us that staff asked for their consent when they were supporting them. One person said, "They [staff] seek my consent before helping me". Staff had received training about the MCA and understood how to support people in line with the principles of the Act. Assessments had been completed of people's ability to consent to specific aspects of their care. Where this showed they lacked the ability to give consent a best interest decision involving relevant people had been made.

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). The registered manager had identified that whilst they had applied for DoLS for most people that required these, there were some additional people for who these referrals were required. The registered manager was in the process of completing these referrals. Where DoLS had been approved by the local authority, there was a system in place to ensure any individual conditions were known and complied with. There was also a process to ensure DoLS were reapplied for when necessary.

Everyone was complimentary about the food. When asked about the meals, one person said, "The food is good here and there is a choice if I want something different. Snacks are available when I need them, crisps and biscuits." People received appropriate support to eat and drink enough. Staff supporting people to eat their lunch, did not rush them with their food and spoke with them gently during the whole process. People were offered varied and nutritious meals which were freshly prepared at the home. Alternatives were offered if people did not like the menu options of the day. Special diets were available for people who required them and kitchen staff were aware of people's preferences and special dietary needs and described how they met these. Where people were at risk of weight loss, their weight was monitored and people were supported to maintain their weight. Drinks were available throughout the day and staff prompted people to drink often.

The environment was well maintained and appropriate for the care of older people including those living with a diagnosis of dementia. Decoration had taken account of people's needs and included hand rails of contrasting colours to walls and the covering of large mirrors which can cause additional confusion and distress for people living with dementia. Signs were available to help people or visitors navigate around the home and find essential rooms such as toilets. People had unrestricted access to a garden which was safe, fully enclosed and provided level access and various seating options.

Staff used technology to enhance people's care and promote independence. This included movement alert equipment for individual people and for general alerts in respect of stairs. Staff had access to tablet computers and described how they could use these to play specific music or find information for people. The home used a computerised system for care management which included alerting the registered

manager when actions were required such as reviews of care plans or risk assessments.

Good

Is the service caring?

Our findings

The service continued to be caring.

Everyone we met spoke positively about the attitude and approach of staff. One person said, "The staff are very nice and caring here always." Another person said, "The staff are respectful at all times." Visitors echoed these views, including one who told us, "When I visit I see the staff being very caring towards the residents." The registered manager told us staff would often bring in small treats for people, such as favourite chocolate or other personal items that they knew the person would appreciate.

Interactions between people and staff were positive and supportive. Staff engaged with people, checked they were comfortable, bent down to their level and used touch appropriately to reassure. Staff could tell us about people's life histories and this information was also available within care plans. For example, they were aware of people's previous occupations and family members that were important to them. A relative said, "The manager asked us about [name of relatives] work and what was important to them and said we could bring in any photos or things they would like." A person told us, "The staff do know how I like things done and they are helpful." Care plans also contained information as to how the person's emotional and social needs should be met and what was important for them.

Staff expressed a commitment to treating people according to their individual needs, wishes and preferences. One staff member said "It's their home, we are working for them in their home. It's all about what they want." People and relatives told us they were involved in discussing the support they wished to receive. One person said "My Care Plan? I did have a talk with the manager when I first arrived." A relative said, "My relative's planning and care, yes, the management keep me up to date at all times."

Staff promoted choice and respected people's autonomy by empowering them to make as many of their own decisions as possible. We heard people being offered choices throughout the inspection. People confirmed staff offered them choices and respected their wishes. For example, one person said, "They are always asking me if there is something I would like to do." For another person, who required visual prompts to help them make day to day decisions, prompt cards had been developed to make choices such as around meals or baths.

Staff understood the importance of protecting people's privacy and dignity and ensuring people were happy to receive care before providing this. A person said, "They [staff] are polite, they knock on my door, I am in my room all the time." Another person told us, "They [staff] knock on my bedroom door and ask for my consent." A relative confirmed this saying, "The staff do seek the consent of my relative at all times in my observation." One bedroom was shared by two people. We saw privacy screens were available and care staff told us they used these when providing personal care for either person. This would ensure their privacy and dignity was maintained. The registered manager told us they were organising some net curtains for one bedroom near the front of the home, which visitors could look into when they walked past.

Staff described how they kept people covered as much as possible when providing personal care. One staff

member said "I use a large towel and cover them [people] up. It helps keep them warm as well as protecting their dignity." Some people had asked to receive personal care from female staff only. Staff told us they always respected any such requests.

Staff respected and promoted independence by encouraging people to do as much as possible for themselves. One person told us, "The home is kept very clean and they let me help sometimes which I like to do." People's care plans included information as to what support they needed and what parts of personal care, such as washing their own face, they could do independently. At lunch time we saw a range of adapted crockery and cups were provided when necessary, meaning people could continue to eat independently. Coloured plates, bowels and glasses were also provided which help people living with dementia and sight loss to better identify meals and drinks, thereby increasing their independence.

People's relationships with family and friends was encouraged and staff ensured family members were kept up to date with events that had occurred for their relative. One relative told us how staff always welcomed them when they visited and offered them refreshment such as a hot drink. We saw staff knew visitors by name and welcomed them on their arrival. Visiting, including with pets such as dogs, was unrestricted.

During pre-admission assessments, the registered manager explored people's faith needs and staff supported people to follow their faith. They told us they explored other aspects of people's cultural and diversity needs during ongoing discussions with people about their backgrounds, interests and beliefs. During the inspection, the local church vicar visited the home and provided a harvest festival service. People were invited to attend. The vicar said they visited the home on a regular basis throughout the year. They added that the registered manager would contact them at other times when requested by people or family members, such as when people were approaching the end of their lives.

Confidential information, such as care records, were kept in the registered managers office and only accessed by staff authorised to view them. Any information which was kept on the computer was also secure and password protected.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People were provided with personalised care. Initial assessments of people's needs were completed using information from a range of sources, including the person, their family and other health or care professionals. Care plans contained information about people's life history, preferences, medical conditions and any individual needs. They each contained a description of the individual care people required, covering needs such as washing, dressing, bathing, continence, nutrition and health needs. Where people lacked capacity, relatives had been involved in care planning. One visitor told us the registered manager had met with them before their relative had moved to the home. They told us they had been asked all about the person and help they needed, as well as individual preferences and wishes. Reviews of care were conducted regularly by the management team. Care staff told us they were asked about any specific information for reviews. A visitor told us they were kept up to date about any changes in their relative's needs.

Staff used the information contained in people's care plans to ensure that care provided met the individual needs of each person. Staff had a good awareness of people's needs and daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff could describe the care and support required by individual people. For example, one care staff member described the support a person required with their personal care and when mobilising. Another was able to describe how they cared for a person who required to remain in bed at all times. This corresponded to information within the person's care plan and was appropriate to ensure their needs were met.

At the end of their lives people were supported to have a comfortable, dignified and pain-free death. People's wishes in respect of end of life care were explored with them or where appropriate with relatives or others who knew them well. This was documented in care plans and helped ensure any social, cultural or religious practices would be observed. At the time of the inspection nobody was receiving end of life care, but the registered manager and care staff were able to describe how they supported family members and people as they approached the end of their lives. These discussions showed that people would be treated with kindness and compassion and staff would ensure they were as comfortable as possible. External health professionals would be involved to help ensure people received appropriate care to manage any symptoms.

Opportunities for mental and physical stimulation were provided by activities staff and visiting activities providers. People told us there were always activities available and that they enjoyed these. One person said, "I like to draw, and they do have activities that I can join in." Another person told us, "I do like activities and they have a lot here, singing and music and other things." A visitor said, "My friend joins in some of the activities, there are a lot of them." Throughout both days of the inspection various activities were provided. The activities co-ordinator told us how they tailored activities to meet the needs of people participating and provided people with worthwhile activities. Specific events were also organised to celebrate occasions such as Easter and Christmas as well as national events such as this year's royal weddings. People had been involved in sending individual messages of congratulations and a party to celebrate had been organised. A Halloween party was planned. People were also supported to be part of their local community. A coffee

morning had been held at the home in aid of a cancer care charity. Staff had made cakes and relatives and neighbours had been invited to the event.

People's views about the service were sought and they felt listened to by the management team. People felt their suggestions would be acted upon. One person said, "There are residents' meetings where we can have our say." Another person said, "The management do listen to our suggestions and usually act on them". People were provided with information about how to complain or make comments about the service through information given to them during the admission process and information at the entrance of the home. Relatives and people told us they had not had reason to complain, but knew how to if necessary. They said they would not hesitate to speak to the staff or the registered manager who they said they saw regularly and was very approachable. Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint.

Good

Is the service well-led?

Our findings

The service continued to be well-led.

People liked living at Eden House. A person told us, "The staff are very jolly here, they all get on well and that makes a good atmosphere." Another person said, "The staff are happy, and we all get along very well." A visitor told us, "The staff do seem very happy here, the atmosphere is good." People and visitors also felt the home was well run. One person said, "Yes, the home is well run, it runs smoothly." Another told us, "The manager is very good, and it all runs smoothly." Visitors echoed these views saying, "At this home yes, very well managed, most impressed" and "This home must be well managed, it runs nicely when I am visiting".

The service had a registered manager. 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 said they wanted people to feel able to "think of Eden House as their home." These values were reflected in how people received a service. Care staff told us the home's values were to ensure everyone received the best possible care and that they were happy. All staff stated they would be happy for a family member to receive care at Eden House.

There was a management structure including a deputy manager and senior care staff who took the lead for decision making on shifts. Each understood their role. Staff told us there was good morale amongst staff and all would help each other out where ever required. They told us the registered manager and deputy manager would cover shifts or assist with tasks when required. For example, on the second day of the inspection the registered manager completed the morning medicines administration. Staff said they felt able to approach the registered manager and other members of the management team should the need arise. All staff said they felt valued and part of a team.

Eden House is family owned and the directors were actively involved in the ongoing management of the service. The nominated individual (provider's legal representative) attended the home for the second day of the inspection. They told us they visited the home every couple of weeks. This was confirmed by care staff and visitors. One visitor said, "I did talk to the group owner recently about a specific issue." Care staff said that if needed they had contact numbers for the nominated individual and other members of the senior management team and felt confident to approach them if needed.

The provider's and registered manager's attitudes contributed to the open and supportive culture within the home. They worked in partnership with other health and social care agencies to ensure a coordinated approach to people's care. The provider notified CQC of all significant events and the home's previous inspection rating was displayed prominently in the home's entrance hall. There was a duty of candour policy in place which required staff to act in an open way if people came to harm. The registered manager was clear about how and when it should be used. A whistleblowing policy was in place that was available to staff across the service. Staff were aware of the whistleblowing policy and said that they would have no hesitation

in using it if they saw or suspected anything inappropriate was happening.

The provider and the registered manager monitored the quality of the service provided. A range of audits were conducted including infection control, medicines management and around the day to day running of the service and its environment. For example, the deputy manager completed daily checks of the environment and checked that equipment such as pressure relieving mattresses were being used correctly. Where systems in place required improvement the registered manager responded promptly. For example, introducing new nightly checks on medicines administration records when we identified medicines records had not always been completed correctly. The nominated individual told us how they had completed a 'surprise' mock inspection soon after the registered manager had commenced at the service. The nominated individual and registered manager also monitored accidents and incidents and analysed information to look for patterns and trends. The provider and registered manager were aware of action that was required and we saw a list was in place of areas they had identified for improvement. Action was already taking place to address the lack of individual supervision meetings and update training required by some staff. Findings from audits were analysed and actions were taken to drive continuous improvement. The provider had a contingency plan to deal with foreseeable emergencies.

Records were well maintained, secure and confidential. The management team was aware of the recent legislation regarding access and retention of personal data on staff and people called General Data Protection Regulation (GDPR), which was effective from May 2018. Specific policies and procedures were in place to ensure compliance with this legislation.