HC-One Beamish 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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 and 15 August 2017. The first day of the inspection was unannounced. This meant the staff and manager did not know we would be visiting. This was the provider's first inspection since they became registered providers of Eden House Residential Home.

Eden House Residential Home provides personal care and accommodation for up to 53 people over three floors. The service was supporting 51 people at the time of this inspection. The home has a residential unit on the ground floor to accommodate 27 people and a unit on the first floor called 'The Grace Unit' to accommodate 26 people who are living with dementia. The second floor contained a hairdressing salon with nail bar and staff rest rooms.

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.

At our last inspection we rated the service as outstanding in effective, caring, responsive and well led. At this inspection we found they remained outstanding in caring. We identified minor shortfalls in people's care plans, the service no longer had staff champions in place and the provider's quality assurance system was not fully embedded. We took these issues into account when deciding upon the ratings for this service at this inspection.

Staff were extremely caring in their approach ensuring people were at the forefront of their work. Staff were motivated and offered kindness, empathy and supported people to maintain links and ties with friends and family. Staff used inclusive methods of communication which were tailored to the needs of the people who lived at the home. The service had a strong, visible, person centred culture which was evident through the actions of the manager and staff. The service provided good end of life care that had a positive impact on people and their relatives at difficult and upsetting times. Staff discussed interventions with people before providing any support. Independence was promoted where ever possible. Advocacy services were advertised in the foyer of the service, accessible to people and visitors.

Risks to people and the environment were assessed and regularly reviewed and control measures were in place to mitigate against identified risk. Accidents and incidents were recorded and analysed to identify trends or themes.

Medicines were administered using an electronic system by trained staff that had their competencies to administer medicines checked regularly. Medicine audits were completed regularly. Policies and procedures were in place for safe handling of medicines for staff to refer to for information and guidance.

There were robust and thorough recruitment processes in place with all necessary checks completed before

staff commenced employment.

The provider used a dependency tool to ascertain staffing levels which was reviewed regularly to ensure appropriate levels of staff were deployed in the home to ensure the safe delivery of care. People wore pendants to summon assistance with staff carrying pagers to enable them to respond in a timely manner.

There were systems in place to keep people safe. We found staff were aware of safeguarding and whistleblowing processes and how to raise concerns if they felt people were at risk of abuse or poor care practices. Accidents and incidents were recorded and monitored as part of the manager's audit process.

The provider ensured appropriate health and safety checks were completed. We found up to date certificates to reflect fire inspections, gas safety checks, and portable appliance testing were in place.

A business continuity plan was in place to ensure staff had information and guidance in case of an emergency. An emergency grab bag containing equipment and information for staff in case of an emergency was available to staff; this included people's up to date Personal Emergency Evacuation Plans

The provider used an electronic monitoring system for recording staff training, allowing staff to access their own training platforms whilst at work or at home using a secure password. The provider used a 'Train the trainer' programme to ensure staff had immediate access to support and guidance from their peers. Staff felt the training allowed them to provide effective care and support and told us they enjoyed the training. Staff training was up to date. Staff received regular supervision and an annual appraisal allowing for concerns, issue, ideas for improvement in practice to be discussed. Opportunities were available for staff to discuss future performance and development.

People's nutritional needs were rigorously assessed and we observed people enjoying a varied diet, with choices offered and alternatives available. Staff supported people with eating and drinking in a safe, dignified and respectful manner providing prompts and encouragement. The provider used innovative methods to provide attractive food for people requiring specialised diets. The chef demonstrated an extensive level of knowledge regarding people's nutritional needs.

People were supported to maintain good health and had access to healthcare professionals when necessary and were supported with health and well-being appointments. Staff understood the importance of identifying changes in people's health and well-being to ensure prompt referrals to the appropriate professional.

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.

People had access to spacious communal areas with more intimate seating areas available. The furniture and fittings were of a high specification and laid out in an informal manner. Corridors were wide to accommodate mobility equipment. Outside, people had access to well-kept enclosed gardens with a range of seating, and areas to walk. Some bedrooms on the ground floor had direct access to the gardens.

People had access to the internet, using computers which were available on both the ground and first floor. There was an integrated music system in the home allowing people to listen to music in their rooms, including the bathrooms.

The service had two types of care plans in place due to the transition to HC One from the previous provider.

We found care plans were being rewritten on a rolling programme. Plans were personalised focussing on people's assessed needs. Plans were reviewed and evaluated regularly.

The provider had an activity planner with a range of different activities and leisure opportunities available for people. The well-being coordinator worked closely with people to ensure activities were personalised to meet people's interests.

People, relatives and staff felt the manager was open and approachable. The provider had an effective quality assurance process in place to ensure the quality of the care provided was monitored. People and relatives views and opinions were sought and used in the monitoring of the service. Processes and systems were in place to manage complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were safe systems and processes in place to manage medicines.

Recruitment processes were robust. Thorough checks were made to ensure prospective staff were suitable to work with vulnerable people.

Staffing levels were appropriate to meet people's needs. The provider used a dependency tool to monitor staffing levels.

Risks to people and the environment were assessed and control measures were put in place to militate against identified risks.

Is the service effective?

Good

The service was effective.

People's nutritional needs were assessed to identify any risks associated with nutrition and hydration. The provider used an innovative method to provide visually appetising pureed meals for people requiring a specialised diet.

Staff were given the training required to support people who used the service and they received regular supervision and an annual appraisal.

Staff had an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. (DoLS). People's rights were upheld and protected by the service.

Is the service caring?

Outstanding ☆

The service remained extremely caring.

Staff knew people extremely well and demonstrated genuine caring relationships with them. People were consistently treated with respect in a dignified way by staff who supported their independence.

People's relatives confirmed staff supported people at the end of their lives in an extremely compassionate manner.

The service had information regarding advocacy which was available to people, relatives and visitors.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and contained information about their likes, dislikes and preferences. People and relatives felt involved in care planning.

People, relatives and visitors had opportunities to complain, give comments or raise issues. The manager responded to comments and views given to improve the service.

The well-being coordinator planned regular activities for people to maintain their hobbies and interests and to access the community.

Is the service well-led?

Good

The service was well led.

There were systems and processes in place to monitor the quality of the service, plans were in place to drive improvement in the service. Senior managers visited the service on a regular basis to carry out quality monitoring.

People and relatives felt the service was well managed with a supportive manager and team. The manager was described as open and approachable.

Opportunities were available for people, relatives and staff to meet on a regular basis.

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.

The inspection took place on 10 and 15 August; the first day was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by one adult social care inspector and an expert by experience who spoke to people and relatives to gain their opinions and views of the service on the first day of the inspection. An expert by experience is a person who had personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed all the information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with 11 people who lived at Eden House and three relatives. We spoke with the area director, the manager, the lead senior care worker, two senior carer workers and four care workers, the well-being coordinator, chef and ancillary staff who were all on duty during the inspection. We also spoke with two visiting health care professionals.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of four people, the recruitment records of three staff, training records, and records related to the management of the service.

Good

Is the service safe?

Our findings

People and relatives told us they felt the care and support provided at Eden House was safe. One person told us, "This is my home I love it here, I am safe and I have friends." One relative told us, "I have no worries or concerns about my [family member] being here at all. It is a safe home with lovely staff."

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, two references and disclosure and barring service checks (DBS) were obtained to ensure people were suitable and of appropriate character to work with vulnerable adults.

Staff were in the process of re-assessing people's needs as part of a transition from the previous provider's documentation to HC One Beamish Limited care records. We found new risk assessments were in place for some people. Until all risk assessments were revisited, staff were using the former provider's system which was reviewed and updated regularly. Environmental risks were assessed to ensure safe working practices for staff, for example, to prevent slips, trips and falls. Accidents and incidents were recorded and analysed to identify themes or patterns. We found staff were kept up to date of any identified concerns through supervision or team meetings.

Staff we spoke to had a clear understanding of safeguarding and whistleblowing procedures and were confident any concerns they raised would be acted upon. Staff told us and records confirmed that they had received training in safeguarding. Staff had access to policies and procedures for safeguarding and whistleblowing for their information and guidance. The provider had notices in the reception area for people and visitors on how to report concerns, along with a telephone number for whistleblowing concerns.

The manager kept a safeguarding referral log containing notifications sent to the Commission and the local authority. Documents contained details of action taken and outcomes along with lessons learned. The manager told us, "These are discussed at flash meetings or supervision and team meetings."

During the inspection we saw staff were visible in the different areas of the home supporting people. A member of staff was always present in the communal areas both downstairs and upstairs. We saw the provider had a dependency tool in place to determine the staffing levels in the home. The rota confirmed the assessed dependency levels.

We received mixed views about staffing levels. Comments included, "Oh, there is always someone to come when I need help", "I have to wait if staff are doing something else", "I press my buzzer when I need to go to the toilet, I don't have to wait long" and "When my dad presses his buzzer, it depends on how long he has to wait, some days are worse than others, for example, if one of the carers is sick". During the inspection we saw people's needs were met in a timely manner. Although staff felt that there was enough staff to support people, it was felt an extra staff member would enable them to spend more one to one time with people. We discussed these concerns with the manager, who advised that staffing levels are reviewed on a regular basis to ensure levels are appropriate to meet all aspects of people's care.

People who were able to use a personal pendant to summon assistance used this device to gain support from staff. Once pressed, a response was visually displayed on care worker's linked pagers allowing them to identify where assistance was needed. All pendants were linked to each pager. This meant people were not disturbed by buzzers sounding around the home. In the case of an emergency the buzzer did sound throughout the building. People who were not able to use the pendant had a more traditional cord system to summon assistance.

We found the provider used an electronic system for the administration of medicines. Staff were trained in the safe handling of medicines and how to use the system. Competency checks were carried out on a regular basis to ensure staff remained competent in using the system. Guidance for staff about how and when to administer 'as and when' medicines, was recorded in the electronic system. This meant that staff had easy access to guidance for people who were prescribed this type of medicine when carrying out medicine rounds. Fridge temperatures were recorded. Medicines were stored in rooms which were temperature controlled by air conditioning.

Policies and procedures were in place for the fire safety. The provider had a fire assessment in place which was reviewed on an annual basis. We found regular fire drills were carried out at different times of day to ensure all staff knew what action to take in the event of the fire alarm sounding.

The provider ensured the maintenance of equipment used in the service and health and safety checks were in place. For example, we found up to date certificates to reflect fire inspections, gas safety checks, and portable appliance checks had taken place.

The provider had a grab bag in place in case of emergencies. The box contained up to date Personal Emergency Evacuation Plans (PEEPs) as well as an up to date list of people by name and contact numbers for their GP's, next of kin and the name and contact numbers for emergency transport. This meant that staff had information and guidance in case of an emergency.

We observed the housekeeping staff kept the home clean and tidy with regular deep cleaning plans in place. Infection control policies and procedures were in place. Staff received effective hand washing training and had access to a supply of personal protective equipment. The provider did not have an identified infection control champion in place. This was being addressed with the manager nominating a member of staff by the end of August to take up this lead area. We spoke with a visiting infection control nurse who had no concerns regarding the processes in place in Eden House.

Good

Is the service effective?

Our findings

People and relatives felt that staff had the skills and experience to provide effective care and support. One person told us, "The staff are really good." A second person said, "Staff seem to know what they are doing." One relative told us, "[Family member] transfers with two carers, they have the skills to manage his transfers." Another told us, "They are absolutely fabulous, I can't fault them."

We found the provider had an electronic training and development system in place called "Touch". We saw computers on each unit where staff could access their own training platform using a password to complete training. The manager monitored training levels to ensure staff compliance with their learning and development plans. A recent audit for training showed staff completion of training was at a level of 94%; the manager told us this showed an increase in training compliance. Staff told us they liked the new system of learning and enjoyed completing the ELearning courses as well as attending face to face training. The system covered a vast range of subject such as training the provider deemed essential such as dementia, health and safety and fire awareness.

We found staff completed training specific to the needs of people living at Eden House. "Open Hearts and Minds" training included an introduction to dementia, person centred approaches to dementia care, creating therapeutic relationships and understanding and resolving behaviours that challenge. The senior lead care worker told us, "Staff use this approach when residents are distressed or upset, it really does help, you can see the difference as they become calmer." We observed staff as they supported people taking hold of peoples' hands and using gentle stroking motions to calm them whilst engaging in quiet conversation." We found all staff completed this training as part of their learning and development. This meant that the provider valued the therapeutic methods of supporting people with dementia.

Staff we spoke with felt supported in the service and received regular supervisions. We found records to demonstrate supervisions took place regularly and covered a range of topics such as training, well-being and organisational updates. The manager had an annual planner in place for staff supervision and appraisal as well as a meeting to discuss personal development. We found records to demonstrate staff received their appraisals with records that demonstrated staff discussed on-going development to support their learning. The provider used a 'Train the trainer' process whereby staff were trained to deliver training to their peers. This meant staff had immediate access to trainers for advice and guidance.

The provider had links and worked in partnership with other organisations to make sure they were aware of best practice and changes in care and support. These organisations included Age UK and the Alzheimer's Society who had worked closely with the service to develop the dementia café.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 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).

Where people lacked capacity to make decisions, MCA assessments and best interest decision meeting records were available. The manager kept a record of all DoLS applications made along with copies of authorisations. The manager advised that although they had submitted applications to the local authority, there was a delay in some authorisations being agreed. We saw the manager emailed the local authority regularly for updates on the status of the applications they had submitted.

Care workers clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. We observed staff supporting people to make decisions regarding meal choices and attending activities.

People had their nutritional needs assessed and reviewed on a regular basis to ensure their dietary needs were being met. People were offered a healthy varied diet, with food and fluid charts completed where required. We observed the lunch time meal in both units and noted that in each area people enjoyed a pleasant dining experience. Tables were set with cutlery and condiments. The day's menu was available for people to view. We found the provider did not have pictorial menus available for people with communication needs. Staff addressed people in a friendly manner. We observed one care worker repeatedly reassuring a person who became anxious whilst being supported to eat. The care worker was softly spoken and comforted the person. We saw one person was not eating their chosen meal, at first they were encouraged to eat the plated meal. However, when the person continued not to attempt to eat, staff offered an alternative which the person accepted and ate. We noted when one care worker was offering drinks; they described the different choices and showed the person the different coloured jugs of juice.

People told us they enjoyed the food. Comments included, "Yorkshire puddings beautiful and a good size" and "Food is too good, I am putting on weight, I get weighed regularly". One relative told us, "Dad doesn't always have the main menu but he has the option to choose what he wants, the chef comes down to ask him what he wants."

We spent time speaking with the cook who was extremely knowledgeable about people's nutritional needs. The cook kept a white board containing information about specific needs such as pureed diets, gluten free diets and fortified food. We saw records of diet notifications which were given to the cook whenever there was a change in a person's dietary needs.

The provider used a technique called 'Pureed Food Innovations' which was designed to enable food to be presented in its usual state even though it had been blended. The cook explained how a gelling agent was used to mix with pureed food which had been blended with stock. The mixture was then poured into food moulds, such as chicken portions, or vegetable shapes such as florets of broccoli. The cook provided a sample meal for us to test. The meal looked appetising and resembled chicken with broccoli, carrots and mashed potatoes. The meal could be eaten with a knife and fork and tasted exactly as it should. People receiving the pureed food gave positive comments about the food and how they enjoyed their meals. This meant the provider was using innovative methods to provide appetising and visually pleasant food for people who required specialised diets, thereby encouraging those who may have reduced appetites.

Care records confirmed people had access to external health professionals such as GPs, advanced nurse practitioners and community nurses, when required. We found referrals had been made for dietetic,

chiropody and optical support. We found key areas of people care were reviewed regularly by health care professionals. For example, during the inspection we saw a Parkinson's specialist assistant and community psychiatric nurse reviewing people's needs. People felt they were supported with their health needs. Comments included, "I asked to see the nurse for my sinuses. I didn't wait long and I was given some ear drops" and "The nurse comes from the doctors to change my dressing on my foot."

Eden House was spacious with ample space for people who used wheelchairs or mobility aids. Communal areas were set out with easy chairs, televisions and, or radios were available for people to watch/listen to. Signage was in place for people to navigate their way around the home, such as toilet signage and exits. The provider had developed the areas in the home for people living with dementia. Small areas were decorated and furnished in various themes, for example, one area was decorated with a seaside theme, with pictures and ornaments relating to the sea and beach. We saw several people stop as they were walking and sit in these areas, picking up ornaments and looking at pictures. The senior care lead told us, "I always take [person] up and put the wave machine on, they really like it. " We saw rummage boxes were in use containing hats, and various other items as well as twiddle muffs.

Outstanding ☆

Is the service caring?

Our findings

Relatives and people felt staff were extremely caring in their approach when providing support and care. One person told us, "The staff are really caring." Another said, "Carers take good care of us." A third told us, "Staff are very kind and friendly." A fourth said, "These girls are amazing and are my friends I love being here." We spoke with a person who was relatively new to Eden House they told us, "I think I will fit in nicely here, there is a nice window to watch the traffic and people and I think my little garden outside is lovely, all staff have made me feel very welcome since I came here." One relative told us, "This is an extremely good home, it's the only place I would want my [family member] to be. They are more than accommodating, the staff have a lovely manner."

We found Eden House received several compliments from people and relatives which demonstrated the exceptional care and support provided by staff. Comments included, "Thank you for the wonderful love and care", "You have all gone over and above the call of duty" and "Thank you for the warm welcome I received from you on my many visits."

The ambiance in the home was warm and welcoming. Staff were polite and respectful to people and relatives and showed genuine affection throughout their contact with them showing an appreciation of people's individual needs. They appeared friendly and extremely approachable. During both days of the inspection we spent time in the communal areas and found staff supported people to sit in friendship groups so they could spend time together chatting and having a coffee in the communal areas. We observed staff sit and have a chat with them, on one occasion staying to have a game of cards, taking time to allow people to respond or reply. Where communication needs were assessed care plans gave information and guidance to staff on how to promote effective communication. We observed staff using guidance and saw they communicated with people using a range of methods, such as facial expressions, gestures and touch. Time was given for people to absorb information with staff offering prompts to encourage responses. We observed family members being offered cups of tea and cake. One relative told us, "As soon as I arrive there is always a cuppa offered, so caring like that."

The provider used an innovative method of starting conversations with people and relatives to maintain communication and provide opportunities for interaction. All staff name badges contained something interesting about them as a person. For example, Karen, likes dancing.

When interventions were necessary staff clearly explained options which were available to the person and encouraged them to make their own decisions. Staff promoted independence whenever possible. We observed staff supporting people to use mobility equipment such as walking frames and wheelchairs. People were encouraged to do things for themselves as much as their ability allowed, such as eating and drinking independently or accessing the activities. People and relatives gave positive comments about how staff used respect and dignity when providing care, such as, "Staff help me to the toilet and I ask them to leave me until I have finished. I say that I will buzz them when I have finished", "I am always treated with respect and dignity, all staff call me by my first name, I like that" and "My dad can go to bed when he wants, he sometimes likes to sleep late, not all the time but staff respect his wishes."

People were supported to be as independent as possible. One person told us that "I was having difficulty walking to the dining room and staff got me a room nearer so I could walk there myself". One relative mentioned that "We asked for a higher handrail in the bathroom for [family member] and this was sorted within a couple of days".

We found staff extremely motivated in their approach, they took the time to find out about peoples likes, dislikes and preferences, what they used to do as a job and any hobbies or interests they have. This was incorporated into the life stories booklet which enabled staff to get to know people in order to support them in a dignified and respectful manner by acknowledging personal beliefs and values. The provider placed great emphasis on people's relationships with those people who were important in their lives. We observed staff supported people to maintain relationships with family and friends by facilitating visitors to spend time with their loved ones. Relatives commented that staff were welcoming and always ready with a cup of tea and a kind word.

Various person centred initiatives had been introduced to promote people's well-being. This included the implementation of the 'Three Wishes' project, whereby people are asked to name three wishes what they would like to do within the year. We observed a 'Three Wishes' file which showed the wishes of people and information on whether these wishes had been fulfilled. Wishes fulfilled included going to Whitby for fish and chips, having a picnic in the park, going over the transporter bridge, attending motorbike shows and many more. The well-being co-ordinator told us if people were confined to their room, time was taken to sit and chat or to read to them. These visits were called, 'Meaningful moments'. We found records were maintained about such activities.

We saw several reviews had been entered online, these included comments such as, "I feel very happy that my [family member] is in such a comfortable and caring environment" and "Eden House is a lovely caring home for their residents. The staff are 100% friendly caring and very professional in their everyday duties towards the residents and their families." One message read, "I was really amazed at the time and care the staff take with the people in their care. The home is lovely and welcoming and the rooms are patient friendly. I can honestly say this is the best nursing home I have ever visited."

People's spiritual, religious or faith needs formed part of the care provided by staff. The particular needs of different religious or faith groups within the home were respected and access to appropriate support regarding matters of religion or faith were made available. For example, visits by members of people's specific religious groups or people being supported to access the local church. We found a vicar and his wife held a church service and Holy Communion within the care home on a regular basis.

Staff used doll therapy when people became distressed or agitated. A pram and doll were readily available on the Grace Unit. We observed one person with the doll during the inspection, they were quietly speaking to it and appeared to be calm and at ease. One senior care worker told us, "[Person] regularly uses the doll, it really helps her."

We found staff supported people to have the things that were important to them close by. We saw bedrooms contained photographs, ornaments and furniture which had been brought in by family or friends. This meant the staff valued the sense of people's need for home comforts and to still have things that were familiar to them.

We found the staff at Eden House provided an excellent standard of end of life care. We found numerous compliment cards sent to the service by relatives which demonstrated the kindness and compassion staff had displayed, when caring for people and their relatives at such difficult times. We found comments such

as, "I will never forget the kindness and support you gave her", "I will never be able to repay the love and kindness you gave to [family member]" and "A big thank you for all your kindness and respect."

Staff had received training in end of life care and gave accounts of how they supported people in their final days of life demonstrating their understanding of end of life care to enable people to have a dignified death. Staff that we spoke with commented, "It's all about dignity. We have their wishes in care plans so we know beforehand how they want to be cared for", "We spend time with them, talking and sometimes just being there" and "We get the church in for blessings." Staff told us how they extend care and support to the people that matter to the person. For example one member of staff said, "We support families, offer drinks and meals and make sure they are looked after as well", and another member of staff commented, "It's important to support family, it is a difficult time for them too."

The provider used a specialised method of supporting those people at the end of their life with mouth care. Known as a 'bubble machine' by staff, the machine is used to change liquids such as fruit juice or mouth wash into bubbles. Once the air pump is on, a rod is placed into the liquid and it creates bubbles which are then put on a spoon and used to freshen the person's mouth. This removes the need for mouth swabs making the experience less intrusive. The senior carer lead told us, "As soon as we have someone who needs it, the staff get it set up to use, it really makes a difference."

We found end of life care plans contained wishes and preferences; these were completed with the person, family members and staff. We saw that staff acted swiftly when people were assessed as being in need of end of life care, with plans and records developed and in place for staff to refer to. Details of interventions from district nurses were kept for review by any other visiting health care professionals. Care records were kept of all interventions for end of life care and symptom control. Personal care records showed staff carried out positional changes, mouth care and personal hygiene care. MARs showed pain management systems were in place for people.

Good

Is the service responsive?

Our findings

People and relatives told us they felt the service was responsive. One person told us, "They know just how I like things, I have plans in place." Another said, "Anything you need and they are there." One relative commented, "I always have the opportunity to be involved in my [family member's] care. They are good like that."

We found people had an initial assessment carried out before they were admitted to the home. Once admitted a more detailed assessment process took place allowing staff to work with the person and family members to plan personalised care and support. We saw these were reviewed on a regular basis so staff had detailed up to date information and guidance to provide support relating to people's specific needs and preferences. For example, what time they wanted to go to bed, how they liked their personal care to be delivered.

We saw the provider had a transitional plan in place for the re-assessment of people's needs in order to develop care plans using HC One's documentation. This process was on going with some people having new care plans and some remaining on the previous provider's documentation.

At this inspection we found minor shortfalls with records relating to people's care. We found one person who had been in the home for over three weeks still had a seven day care plan in place which staff were using to provide support. A seven day plan is put in place for new people coming into the home to allow staff a period of time to assess the person and develop more detailed plans. We saw the care file only contained three detailed care plans with other needs still being met by the seven day plan. We discussed this with the senior care worker who advised the care plans should have been developed and confirmed that this would be a priority. Another person's care plan contained a risk assessment score which differed from the risk assessment for that month. Again we discussed this with the senior care worker who advised the plan would be updated. These were completed on the day of the inspection.

We spoke with the well-being co-ordinator who has been employed at the care home for over three years. They told us they loved their job and enjoyed organising the activities within the care home. The well-being co-ordinator had completed a level three qualification in dementia care and was very knowledgeable about activities suitable to meet the needs of people living with dementia.

The home did not have a dementia champion in place. We discussed this role with the manager, who advised that a staff member was to be nominated by the end of August to become the champion in the home, so staff would be kept up to date with new guidance and support for people living with dementia to enhance the responsiveness of the service in this area.

People told us there was plenty of entertainment in the home. Comments included, "[Well-being co-ordinator] is a very good person, she organises everything, she can only take five or six residents out at a time so we all take it in turns to go out with her", "We went to Whitley Bay last week, she [well-being co-ordinator] is a really nice person", "I missed the entertainment yesterday but I have seen what's on the

notice board" and "Sometimes I go to the activities, [well-being co-ordinator] comes to let me know what is on."

We found the provider adapted activities to suit the individual needs of people and strived to connect people with the outside environment. We saw the police and their dogs along with the fire brigade had visited Eden House.

People had access to a dementia café, where people and relatives came together to chat and take part in 'Singing for the Brain', an initiative which provides stimulation for people living with dementia.

We saw photographs of people enjoying the local primary school children visiting the care home singing, putting on nativity shows and doing arts and crafts with people. Children with a learning disability visited the home every month to chat with people. The home worked with Age UK in a project where children came to talk to people about what children did in the war. This is called inter-generation and the children also enjoyed a general chit chat with people.

A 'Knit and Natter' group was held on a regular basis where a relative came to visit the home to show people how to knit. We observed a couple of people sitting knitting in their bedrooms. One person told us, "I spend all my time knitting it really is a nice thing to do, I enjoy the get togethers."

We also observed a Decades Mat quiz game being held in the lounge downstairs with people answering questions on the forties, fifties and sixties.

We found 'residents' meetings' and relatives meetings were held regularly and provided an avenue through which the provider could gather feedback about the service. We saw minutes of these meetings showed that a variety of subjects were discussed such as food, training, general updates and health and safety. Minutes of 'residents and relatives' meetings' were available in the reception area for anyone to view.

We found the provider had a process in place for people, relatives and visitors to complain and give comments or raise issues. People we spoke with said they felt they would be able to complain to care workers or managers if necessary. Relatives knew how to complain and felt comfortable to discuss their worries or concerns with the managers. All complaints were logged, investigated and where necessary discussed with staff as lessons learnt during supervision or team meetings.

Relatives we spoke with knew how to complain and felt comfortable to discuss their worries or concerns with the manager. One relative mentioned that they had complained to staff regarding a medicine prescribing issue. They advised this was sorted out straight away. This demonstrated the provider had an effective complaints process in place.

Good

Is the service well-led?

Our findings

People and relatives we spoke to told us the service was well led and that they were involved in the service. Comments included, "The under-manager is very nice, he is very approachable and I see him walking around quite often", "The manager is very nice and approachable", and "The manager is lovely, she is the best one we have ever had. She is very approachable and visible around the home, she always pops in to see dad. I would be gutted if I found out she was leaving."

The new provider took over the management of Eden House in January 2017. The manager was already employed at the home and was registered with the CQC in January 2017. We found they were an experienced manager who worked alongside staff on some shifts which allowed her to observe the care and support that was provided. She told us, "I do this so I can see how people are and what's happening out there. It's important for the staff to see I am happy to support when needed. I also have my twice daily walk arounds the home, to see how everyone is, how staff are working and to get a view of the care being delivered." This showed the manager led by example in her role and was not restricted to the administrative side of management. The manager was currently working towards a Leadership and Management Level 5 qualification to enhance her managerial skills.

The provider held a kindness in care award. This award was presented to staff who had been nominated by people, relatives or staff for their kindness whilst providing support. Cards were available in reception to gain the views of people, relatives, visitors, visiting health care professionals and staff. These were analysed to ascertain who had won the award. The manager advised two members of staff had just been nominated for awards. We found both staff members were to receive their awards after the nomination being agreed by the area director.

During the inspection we reviewed some quality questionnaires completed by relatives. We found comments were mixed with some issues being raised about the food. The manager had addressed this by recently sending out questionnaires specific to food and had invited relatives to join their family members for a meal.

We found the provider produced a monthly newsletter called 'Eden House News'. The newsletter was available to people, relatives and visitors. The July newsletter provided information about the current news within the home such as up and coming events. What happened the previously month, such as reviews of the 'Care Home Open Day'. Care Home Open Day is about creating links between care homes, their residents, and their local communities. The newsletter also included how one person's 'Three Wishes' had been granted.

The provider was aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. We found a robust quality assurance process which included audits on areas such as care plans and medicines. The manager sent information to head office on a regular basis relating to falls, weight loss, DoLS applications and any clinical governance issues. Staff were made aware of the values and the vision of the service during their induction. This was reiterated through team meetings and staff

supervision.

The provider's quality assurance system, 'Cornerstone' had recently been implemented in Eden House and was in the process of being embedded in the service. The manager told us, "I have all the files in place now. It is just about moving forward with the system." The manager did not have access to the electronic datix system used to record accident and incidents. This had been requested and was being organised. Until the system was accessible, the manager kept a paper based system. The first audit of the system had recently been completed with a score of 93%. The area director visited the home regularly to carry out compliance reviews where information about the quality and safety of the service were analysed as part of the services comprehensive action plan. We found actions and results were signed off when completed. Where targets dates had not been met, progress was recorded and target dates amended.

The provider was re-introducing the staff champion system where staff members are nominated to become champions with a specific interest in disseminating information relating to supporting people using the service. For example, an infection control champion and dementia champion. The manager had until the end of August to submit names of interested staff members to the area director for discussion and allocation of roles.

Staff meetings were held monthly and minutes were made available for anyone who could not attend. The manager told us, "I have regular meetings with relatives and residents but anyone can pop in at any time." We observed the manager was accessible speaking with people and relatives during the inspection.

The provider held monthly meetings for all the managers. The manager told us, "These are really good as you can hear what other services are doing as well as getting updates on what's happening with the organisation."

We sat in with staff and the manager during a flash meeting. These were held on a daily basis to disseminate information and to discuss concerns or issues. Heads of all departments and senior care workers attended the meeting. Specific issues were discussed such as, care and support, maintenance, housekeeping, staff news and updates. This demonstrated the manager ensured all departments were kept up to date and given the opportunity to voice concerns or issues allowing problems to be addressed in a timely manner.

The provider had links and worked in partnership with other organisations to make sure they were aware of best practice and changes in care and support. These included Age UK and the Alzheimer's Society who had worked closely with the service to develop the dementia café.

The area director advised HC One Beamish Limited had set up a dementia strategy to look at all the Grace units in their services. They told us, "This will enhance the dementia care we provide in all our services, we'll be talking to residents, families and staff to get views."