Domain Care North West Ltd

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 23 July 2017 and was announced. The last inspection took place on 08 September 2015 when the service was rated as 'Requires Improvement'. There were four breaches of the regulations in relation to safe care and treatment, infection control, safeguarding and good governance. The service had produced an action plan and at this inspection we found significant improvements in all areas.

Eden House is a small residential and day care service for people who have learning disabilities. It is situated in a large five bedroomed property set in its own grounds in Droylsden, Greater Manchester. At the time of our inspection there were four people who lived there permanently, but two of these were on holiday. A fifth person was staying as a guest on respite care.
There was a registered manager in place. 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.

There was a warm and friendly atmosphere at Eden House, the home was secure and people told us they felt safe. Staff were familiar with the local authority safeguarding policy and procedures and when allegations of abuse had been made these were investigated.

There were sufficient staff to meet needs, and we saw that recruitment procedures ensured that staff were recruited safely. People who used the service were involved in both the recruitment process and new staff induction to their role.

People's care records contained detailed information to guide staff on the care and support to be provided. They also showed that risks to people's health and well-being had been identified, and gave detailed instruction to staff to minimise the risks.

The staff we spoke with had an in- depth knowledge and understanding of the needs of the people they were looking after. We saw that staff provided respectful, kindly and caring attention to people who used the service. They ensured that they followed effective procedures to limit the spread of infection, including use of personal protective equipment. Staff were trained to administer medicines and we saw procedures were in place to ensure the safe management of medicines.

Staff understood issues around capacity and consent, and offered people choices to support their independence. People who did not have family or representatives and were not always able to speak for themselves had access to advocates who gave independent advice and acted in the person's best interest.

Staff communicated well with each other and we saw that information was exchanged between staff informally throughout the working day, and a detailed handover meeting took place at the start and finish of every shift to ensure that care and support was provided in accordance with people's changing needs.

People who used the service planed the menu, and told us the food was good. We saw that attention was paid to ensure people maintained a healthy and nutritious diet. We saw that staff monitored people's physical and mental health needs, and ensured they had good access to healthcare staff.

People were treated in a caring and compassionate manner, by cheerful staff. One person who used the service told us, "It's fabulous; I am free to do whatever I choose. If they asked me to leave I'd say no, it's the best place I've lived in by far." Care was person centred and delivered by staff who understood how to interact with the people who used the service. We saw people were comfortable and looked well cared for by staff who knew them well.

All the people who used the service had been referred to Eden House because their behaviours had been challenging at other service provision. However, there were few instances of challenging behaviour. Care plans reflected people's needs and wishes and gave a good outline of the individual, actions to take to support the person to maintain their independence, recognition of personal preferences, and actions to take to minimise risk. We saw care records and daily logs were thorough and gave a good chronology of interventions, indicating any changes in the person's presentation or needs. People's preferences and wishes were taken into consideration in the day-to-day delivery of care and support.

The service was well led by a management team committed to service improvement and providing a high quality of care. Regular checks were made to measure and improve the delivery of good quality care to the people who lived at Eden House.

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.

The building was secure, and well maintained. Environmental hazards were assessed and risks minimised.

There were enough staff who were safely recruited and knew how to protect people from harm.

Care records informed staff how to minimise risks in relation to people's health and wellbeing.

There were appropriate systems in place for the effective ordering, control, management and administration of medicines.

Is the service effective?

Good

The service was effective.

Where people were being deprived of their liberty the registered manager had taken the necessary action to ensure that people's rights were considered and protected.

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

People enjoyed the food provided, and had good access to healthcare. Staff monitored their physical and mental health needs.

Is the service caring?

Good

The service was caring.

Care was person centred and focussed on the individuality of each person who used the service.

Staff spent time talking and socialising with people who used the service, and assisting them with day to day tasks.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was effective.

People were involved in planning their care.

People's care records contained detailed information to guide staff on the care and support to be provided, and showed that risks to people's health and well-being had been identified.

People were supported to develop and follow their interests.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems were in place to assess and monitor the quality of service provision, and the service had developed good systems to audit the quality of care provision.

The manager and registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

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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 24 August 2017. We gave the provider 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector from the CQC. Before this inspection, we reviewed notifications that we had received from the service. The provider had also completed and returned their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

During this inspection we spoke with two people who lived at Eden House. We spoke to the owner, registered manager, and two support workers. We looked around all areas of the home and observed how staff cared for and supported people. We reviewed four people's care records, three staff records, the staff training plan and weekly staff rotas and other records about the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at Eden House. One person who used the service said, "I feel really safe. I wouldn't change anything," and another told us, "I feel safe here. My family can visit and the staff are really well trained, so if I have a seizure I know they will respond properly. They know how to look after me and make sure I'm secure." The front and rear entrances to Eden House were locked, and visitors were required to ring to gain entry, and sign the visitors book. This ensured that the staff were aware of who was in the building. When we arrived at Eden House we were asked to show proof of identity before we were allowed entry to the premises.

The service had safeguarding procedures which reflected the local authority Adult Safeguarding Board policy, and the registered provider of the service had been trained by the local authority as a designated Safeguarding Adults Manager (SAM). This meant he could be asked to investigate any allegations of abuse within the borough. However, where allegations had been reported at Eden House, he had requested an external investigation to ensure open and unbiased investigations. We saw that any safeguarding concerns had been identified, investigated and where necessary appropriate action was taken to prevent further incidents. Staff we spoke to were knowledgeable and understood the different types of abuse, giving examples of how they worked to protect vulnerable people. The service had a whistleblowing policy and when we spoke with staff they were aware of this and told us that, although they had not seen any poor practice, they felt confident they would be supported if they were to report bad practice.

We looked at the recruitment procedures which gave clear guidance on how staff were to be properly and safely recruited. This helped to protect the safety of residents. We looked at three staff records. These contained proof of identity, an application form that documented a full employment history and accounts for any gaps in employment, a job description, and two references. Checks had been carried out with the Disclosure and Barring Service (DBS) before the member of staff began work. The DBS identifies staff who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staff being employed at Eden House.

There were sufficient staff to meet the needs of the people who used the service. In addition to the registered manager and the registered provider, who worked at the home, there were two assistant managers which meant that there was management cover on each shift. These positions were supernumerary, which meant that these staff were able to undertake managerial and administrative functions but were available to assist staff or to deal with any emergencies. We looked at the staffing rotas for the three weeks prior to our inspection and saw that there were sufficient staff on each shift. All the people who used the service were assessed as requiring at least one person to be with them during the day, and the rotas reflected this. Rotas were clear and legible, with no gaps indicating low levels of staff sickness. During the night there was one waking night member of staff and a support worker would sleep over who could be called on to cover for emergencies.

When we asked the registered provider and registered manager about cover for sickness and annual leave,

they told us that they had a 'no agency' policy, so all gaps were covered either by regular staff on overtime, or by use of a small group of trained and familiar bank staff. When we asked staff they told us that they believed they were always well staffed. One Support Worker told us, "We are never on our own, even when we take people out. There is always someone else around, and the best thing about working here is that we can spend time with people".

When we looked at care records we saw assessments identified risks to people, and care plans directed staff on how to minimise these risks. These included generic risks such as environmental hazards, and risks to individuals when performing specific tasks such as washing and dressing or cooking. Where specific activities were undertaken, such as attending football matches, travelling on public transport, bike riding or attending the gym or swimming baths, assessments had identified risks and care plans gave detailed instruction to staff to minimise these risks.

The people who used the service had been placed at Eden House because they were known to have behaviours which could be challenging to service providers. In response all staff had been trained in a method of positive behavioural support known as 'Assess, Respond, Care' (ARC). We looked at one ARC risk assessment which instructed staff to identify any triggers to behaviour and respond before the situation escalated, ensuring the safety of the individual and other people within the service without resorting to physical intervention.

Risks associated with the building had been identified and assessed. When we toured the building we saw that action had been taken to minimise any risks to individuals, such as radiator covers on all radiators to alleviate the risk of burns. Emergency exits were clearly marked throughout the building.

When we last inspected Eden House we found that there was a potential risk of the spread of infection, as cleaning materials were not always stored correctly and food items were stored near cleaning equipment in the laundry area. At this inspection we saw that the service had taken steps to rectify this. We saw that all cleaning equipment and other substances which could be harmful to health were safely locked away when not in use and the registered provider showed us a manual he had produced which included details of how all the products used by the service could be harmful. Foodstuffs that had previously been stored in the laundry area were now stored in cupboards in the kitchen and any open food in the fridge was labelled and stored correctly, with the fridge temperature monitored and logged on a daily basis. The kitchen had received a five star rating from the Food Standards Agency. The home was clean, and staff used personal protective equipment when completing personal care tasks or handling food. Toilets were equipped with liquid soap dispensers and paper towels, with pedal bins for safe disposal of waste, and there was a poster displayed in the downstairs toilet promoting safe hand washing. However, there was no corresponding poster in the upstairs toilet. When we spoke to the registered manager about this we were informed that one of the people who used the service would rip the poster down each time it was put up. Similarly, there were no pictures displayed other than on notice boards and we were informed that this was for the same reason.

We found systems were in place to enable staff to respond effectively in the event of an emergency. There was a fire risk assessment in place, and we saw that personal emergency evacuation plans (PEEPs) had been developed for the people who used the service, including all the 'guests' who used the service for day care and respite care. These plans explain how a person is to be evacuated from a building in the event of an emergency evacuation and take into consideration a person's individual mobility and support needs. The service also had a business continuity plan in place. The plan contained details of what needed to be done in the event of an emergency or incident occurring such as a fire or utility failures.

Records showed that equipment and services within the home were serviced and maintained in accordance

with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliance testing, fire detection and emergency lighting. This helps to ensure the safety and well-being of everybody living, working and visiting the home. The manager kept a schedule which showed when servicing was required for the call system, lift, fire extinguishers and alarms and boiler and gas cooker; and when full checks were needed for water temperatures and legionella testing. During our inspection an electrician was testing all portable appliances, and had fitted movement sensor lights to the exterior of the building to increase the level of security.

We saw from training records that all staff had been given instruction on the safe management and administration of medicines and creams, although one person who had recently been recruited was awaiting specific training from the epilepsy nurse in emergency procedures to minimise the risks from prolonged seizures. This person informed us that they would not work on a one to one level with the person who might require this intervention until they had received the training. Staff confirmed that they had undertaken medicine training. This included training on medicine errors, and we saw where such errors occurred these were recorded and investigations into the cause and effect included details of the error, level of error, and consequences with actions noted to prevent future reoccurrence. For example, in one personnel file we saw that action was taken when a member of staff administered the incorrect medicines appropriate disciplinary action and retraining was taken.

People told us they received support to take their medicines as prescribed, and in the way they preferred. One person told us, "The staff help me with my medicines. My key worker tells me what they are and how they will help me, for instance, to keep calm. The staff are all very helpful." A recent pharmacy audit of the storage, management and administration of medicines had found no issues of concern.

We saw that medicines were managed safely; the service had utilised the storage room under the stairs as a medicine room, with a coded lock on the door, and room temperatures were checked and recorded on a daily basis. If medicines are stored at the wrong temperature they can lose their potency and become ineffective. Medicine Administration Records (MARS) were in place for the people who lived at Eden House on a permanent basis, and the service had devised their own records for people who used the service for respite or day care. Medicines were checked on arrival at the service, and then on a daily basis at the start of each shift.

Controlled Drugs were stored securely in a locked cabinet, in the medicines room and the controlled drug register was countersigned when administered. We checked the balance of controlled drugs for one person and found this to be correct.

Good

Is the service effective?

Our findings

People told us that they felt staff had the necessary skills and training to support them. One person who used the service told us, "Staff are good, they know what to do and they know how to look after me well. I wouldn't change nowt!"

We saw that the service set clear expectations for the staff and provided on-going training to ensure that they had the skills to carry out their role, and the support workers we spoke to agreed. One said to us, "Training? I've done loads, they are really keen on making sure our training is up to date. I've got all the certificates to show what I've done since I started here. I really like the hands-on approach". The registered provider told us that they used a mix of computer based e-learning and classroom style or 'on the job' teaching to ensure that staff received maximum benefit from their training and were able to deliver a better standard of care. From the training matrix, which mapped out the training staff had completed, and helped to identify any training requirements, we saw that care staff had completed training in safeguarding adults, medicine administration, fire awareness, health and safety at work, Control of Substances Hazardous to health (COSHH), infection control, food hygiene and epilepsy awareness. In addition staff received 'Creative Intervention Training in Response to Untoward Situations' (CITRUS) and ARC, to support people who had behaviours which could be unpredictable, and specific training in emergency epilepsy procedures and adrenalin injection. The training matrix set dates for each care worker to receive refresher training. It also identified any care qualifications staff had completed. Support workers had completed or were enrolled on the Care Certificate or Level 3 National Vocational Qualification in Care. The Care Certificate is a nationally recognised qualification and provides staff with the knowledge to ensure they provide compassionate, safe and high quality care and support.

Staff told us that when they were first recruited they received a thorough induction into the service. One told us that they completed some of their training whilst they were waiting for clearance from their disclosure and barring service check to come through, then they would spend time in the home shadowing more experienced 'mentors', and working or spending time with people who used the service. This allowed them to get to know the people at Eden House and the day to day routines of the household. Once staff had completed their probationary period they were enrolled onto the National Vocational Qualification (NVQ) level 3 in care.

When we looked in staff files we saw that supervision sessions were recorded and showed a wide range of issues had been discussed, such as working practices, tasks and responsibilities, and key worker roles. One record we reviewed reflected a constructive discussion about issues around the behaviour of a specific person who used the service and considered ways to minimise anxiety and reduce the incidence of aggressive or challenging behaviour. Staff told us that they had a formal supervision session every four to six weeks, and that they found this a useful opportunity to reflect on their practice. They also said that they received regular support throughout their shifts, one support worker remarked, "Everyone is hands on: teamwork is the key, and I feel well supported not just by the managers but all the team, no-one is afraid to ask for advice and we are given reassurance." Another told us, "We get regular supervision, but if we are stuck the seniors are on hand to help us out, so we are supervised all the time. They have helped with my

learning and I feel I am developing my skills all the time". We saw that staff communicated effectively with each other and systems were in place to ensure regular exchange of information. Another support worker explained, "Information is passed on at handover. We come in early for a handover, and get really good information; everything is logged as it happens so we know how people have been and what to look out for".

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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.

The registered manager told us that at the time of our inspection no authorisations to deprive people of their liberty had been submitted or granted by the supervisory body (local authority). The registered manager was an approved Best Interest Assessor, and capacity assessments had been completed to determine whether people had the capacity to consent to their care and support at Eden House, and in each case they were able to express their wishes to remain in the property. One person who used the service said to us, "It's fabulous; I am free to do whatever I choose. If they asked me to leave I'd say no, it's the best place I've lived in by far."

In some instances, people were unable to weigh up decisions for themselves. They were supported to express a view, and best interest meetings were arranged. This process followed the guidelines set out in the Mental Capacity Act guidelines. We saw a record of how a 'best interest decision' had been made on a person's behalf regarding the refusal of medical treatment where the person's family and other significant people in their life attended a meeting to determine the best course of action to take to ensure the best outcome for the person using the service.

Attention was paid to people's diet and people were supported to eat and drink in a way that met their needs. When we spoke to people who lived at Eden House they explained that they were involved in planning the weekly menu, but were free to change their mind on a daily basis. One person who used the service explained, "We all choose. There is a menu on the wall, and we all have a say in what we want to have, but if we don't want it on the day we can change it. The food is good."

The registered manager told us that the service encouraged a healthy and nutritious diet, and people's diets were monitored and they were weighed on a monthly basis. Food was prepared in the kitchen by support workers with assistance from the people who used the service. One person who used the service told us "The food is gorgeous, they [The support workers] are all good cooks. I like stir fries and spicy food and they make the food I like". We saw personal preferences were reflected in the meal planner.

We saw from case records that people who used the service had access to health and social care professionals, such as social workers, General Practitioners (GPs) and specialist advisory nurses. One person who used the service said to us, "I can contact my nurse when I want, or the staff will do it for me". A log was kept in care files noting any contact made with health professionals including copies of any correspondence. Each person had a report written on a regular basis; for permanent residents this was done

on a monthly basis, and this was sent to interested parties to show any developments or changes throughout the period, including behaviour and health care issues. Up to date photos were added to the front cover, which documented the change in appearance of each person over time.

Good

Is the service caring?

Our findings

The service encouraged a homely feel and promoted the individuality of each person who used the service. When we spoke to one of the people who used the service they told us, "It's a nice family atmosphere, and we all get along nicely". We saw good interactions between people who used the service and with staff. At lunchtime, for instance, we saw that staff would sit and eat with the people who used the service, and staff would write up notes in the main lounge where they could interact with people.

People who used the service had access to privacy in their own rooms, or quiet activity areas. Rooms reflected the person's character and taste and included personal items. One person had a pet hamster, which they were encouraged to look after. This person told us, "I look after it, and have taught him some tricks". Information held about people who used the service was locked in the manager's office when not in use, or stored on secure electronic systems to ensure confidentiality and prevent unauthorised access.

We saw that people were treated with care and compassion by all the staff, who were warm, friendly and open. For example, we saw when one person was listening to a piece of popular music, the registered provider suggested they listen to something else from the same genre, and found the song for them to listen to. This resulted in a general conversation about musical tastes, involving other people who used the service and staff. One person told us, "I like music. They bought decks for my birthday and speakers at Christmas. It's fabulous here. I've got my own mobile phone, computer and email, and they have taught me how to use it, they've helped me very much".

Staff spent time talking and socialising with people who used the service, and assisting them with day to day tasks. It was clear from our observations that they knew all the people who used the service well, including those people who were attending the service for respite or day time support, and we saw in each care file we reviewed that they contained a comprehensive list of things individuals liked and disliked including food and activities. All the staff showed positive regard for people who used the service. One care worker told us "I love the job because I have grown fond of the residents. I have learnt a lot about the people, and I can spend time with them, go out with them and explore new places together".

A discussion with the registered manager showed they were aware of how to access advocates for people. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them. We saw in one care record we looked at that one person had contact and support form an independent advocate.

Good

Is the service responsive?

Our findings

All the people who used the service had been referred because they had behaviours which challenged service provision, but incidents of challenging or disruptive behaviour during their stay at Eden House had been kept to a minimum.

The registered provider told us that before a person is admitted to Eden House for permanent ,short stay or day care, they complete a full pre-admission assessment to determine if the service can meet the person's needs and to find out how best to respond. Following a local authority referral they review all previous assessments and visit the person where they are, before inviting them to Eden House for lunch or tea, and observe how they interact with the other people who use the service. They then plan for transition, arranging overnight visits so they can determine compatibility, speaking with everyone concerned, including current people in the service to ensure that the needs of all the people who use the service can be met.

The registered manager told us that this meant that a number of people were deemed unsuitable for their service but it was important to strike a balance which ensured compatibility and harmony within the household. The service accepted referrals for people who were difficult to place elsewhere due to behavioural difficulties, but by responding to their needs in a caring and compassionate manner, and working at a pace suitable to the individual, the incidence of severe behaviour had reduced. This was evidenced in the incident log and the care files we looked at. The registered provider reflected the culture of the service when he told us, "There is no generic model of care, so we see each person differently by trying to understand their universe and work with the person. Incidents of challenging behaviour are few and far between".

People told us that they were involved in planning their care. One person who used the service explained how they worked with staff to determine how they would like their needs to be met. They said to us, "Staff help me. I have a key worker, who sits down with me to talk about what we need to do and asks me things. We have never fallen out. She helps me to get ready when I'm going out, gets me up and dressed in the morning, and checks my medicines. All the staff help me."
Care was person centred and focussed on the individuality of each person who used the service. People had choices in what they wanted, or didn't want to do. One person told us, "I can go out when I like, and choose where I want to go, I am going on holiday next week, and really looking forward to it. I chose to go to Blackpool." Another said, "We have lots of choice and I can choose what to do, for instance, I can choose when to go to bed and when to get up, but I am an early riser. I will get up early and make a drink, the staff help me with that".

Information contained in care plans gave a good outline of the individual's needs and preferences, and the actions staff should take to support the person to maintain their independence, meet their personal preferences, and reduce any potential risks. Staff worked with individuals to develop skills and overcome difficulties, for example, where one person had a specific phobia, the service had developed a plan to help them overcome this by breaking the behaviour down into small tasks and helping to overcome each. Using this slow and cautious approach had begun to reap some benefits.

Staff updated daily records, and recording sheets accurately, logged the daily events for each person, providing a good chronology of interventions and activities and an indication of any changes in the person's presentation and health.

For each person a care file contained useful information including their pre-admission assessment, consent to care and support, personal details and contacts, local authority reviews, and best interest decisions. In each file an up to date 'hospital passport' gave medical details of the person should they require an emergency hospital admission, and we saw that specific specialist information and guidance from the relevant professionals involved in their care was contained within the care records. Where risk was identified we saw thorough risk assessments had been carried out to minimise the risk and files also contained protocols to follow in regard to specific risks, such as head injury protocol and rescue medication protocol for a person who had epilepsy. The care files we looked at gave a full and informative social history of the individual, and were written in the first person to give a person centred view.

Each care plan was separated into four separate domains with plans relating to 'Improving quality of life'; 'Delaying or reducing the need for support'; 'safeguarding', which included any steps taken to ensure the safety of each person who used the service, without denying them opportunities to take part in community activities; and 'Positive experiences of care and support'. This latter domain included plans to ensure that the person was treated with dignity and respect, and any cultural needs were met, and included a section on social and educational activities.

On the day of our inspection two of the permanent residents were on holiday and we were informed by one of the people we spoke to that they were going to Blackpool for a holiday the following week. On the morning of our visit one person had gone for a head massage. On their return they told us how this had helped them relax and reduce anxieties. The registered manager told us that the service invested heavily in social activity and stimulation, and people told us that there was enough for them to do. Care plans and activity records demonstrated that each person was encouraged to try new activities, and opportunities to pursue their interests were followed. One person told us how they were supported to attend football matches and also listed a number of pop concerts they had been supported to attend. The service had recently refurbished the garden area to make this more attractive to people who lived at Eden House, and had built a summer house which was equipped with games and other activities.

People had the opportunity to influence the way their care was delivered. We saw minutes from meetings for people who used the service where they helped to draw up the agenda. Each person was given a responsibility, for example, to show prospective 'guests' around the home, or assist with interviews for new staff.

The service had a complaints policy that was displayed in the entrance area for relatives and people who used the service to see. This was written in an easy read format to assist people who had difficulties with reading and writing. There was a system for logging and investigating complaints but there had not been any raised since before our last inspection. When we asked people if they had cause to complain, they told us they did not. One person told us, "I have nothing to complain about, I am really well looked after here, all the staff are friendly and helpful".

Good

Is the service well-led?

Our findings

When we last inspected Eden House we found a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014, in that the service did not have sufficient systems in place to monitor and improve the quality of service provision. The registered manager told us he was keen to take on board any criticisms or advice which would help improve the quality of service, and had acted to meet this requirement. The service had completed an action plan which detailed how the management team would ensure the quality of service delivery, and we saw that a system of auditing service provision had been strengthened.

Records we looked at showed the registered provider or registered manager conducted daily checks of records, communications, incident reports, rotas, petty cash and maintenance. Checks were recorded for food safety, such as room and fridge temperatures; and safety checks were conducted to ensure that knives and other dangerous kitchen equipment were locked away after use. Key workers reviewed menu records, diaries of events and activity planners to ensure that people were occupied in activities they chose to do. The registered manager conducted weekly audits of emergency equipment, medicine and medicine returns, and reviewed weight charts fortnightly. In addition, the registered provider completed monthly checks on all aspects of the service including safeguarding concerns, accidents and incidents and complaints. Care files were audited monthly and when we looked at case records we saw where changes to care plans had been amended to reflect changes in need.

We saw that Eden House had a highly developed sense of community amongst the staff and the people who used the service, and staff understood that although it was their place of work, Eden House was where people lived. One support worker said to us, "I've never walked into a job where everyone makes you feel so at home. Everyone is so welcoming and friendly". This was echoed by the people who used the service we spoke with. One remarked, "Everyone is so friendly, what's not to like? It's a fantastic atmosphere and everyone is treated well".

The service had recently appointed a manager, and this person had been registered as required under the conditions of their registration with CQC. 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. She was supported in her day to day activities by the registered provider, who also worked at Eden House.

All of the people we spoke with were positive about the managers. One member of staff told us, "Managers are brilliant, they are really supportive and direct me well. They point me in the right direction and have provided extra training when I felt unsure about things, like mental capacity".

Care staff told us, and we saw the registered manager and the registered provider were visible around the home every day when they were on duty. They showed a clear understanding of the role and responsibilities of the management team, and were aware of their responsibility to pass on to them any concerns about the

care being provided. The registered manager told us information was passed up as well as down, and staff would inform her of any concerns or issues. This meant that the service had effective systems of communication. Information was delivered to the people responsible and timely action was taken to respond to the concerns.

When we spoke to the registered provider he demonstrated a clear vision for the service. He believed that one of the strengths of the service was its small size, which meant that Eden House could continue to offer a bespoke and person centred approach to care as it was based on meeting individual need and responded quickly to any changes. However, he recognised the need to encourage people to be independent and was planning to extend the property to include a new separate unit for supported living which would allow a greater level of independence and autonomy for people who required decreasing levels of support.

The staff we spoke to were positive about the home, and felt that they were supported to do their job. They told us that they were encouraged to ask questions, support one another, and were consistently acquiring a greater understanding of the people who used the service. One member of staff commented, "It's great working here, we are really well supported and we support each other. All the staff get on really well, and we share information about the residents". Staff were regularly consulted and kept informed of issues about the service and we saw evidence that well attended staff meetings were held regularly.

Copies of the agency's policies were available to staff, and we saw that these were based on good practice guidance and up to date legislation. All policies were checked and reviewed on a regular basis. This demonstrated to us a desire to ensure staff had the most up to date guidance to ensure they supported people as well as they could. When we spoke with staff they showed a good understanding of the policies, especially the whistleblowing and infection control policy.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating and report from our last inspection were displayed in the entrance hall. However, there were some technical difficulties with the website and we were unable to access it to check if the current rating had been displayed.

Before our inspection we checked our records to see if any accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant that we were able to see if appropriate action had been taken by management to ensure people were kept safe. We saw that incidents had been reported to us and gave us information about actions taken to respond to the issue.