


# The Spanish and Portuguese Jews Home for the Aged Edinburgh 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	

### Overall summary

This unannounced comprehensive inspection of Edinburgh House took place on the 26 November 2015.

At our last inspection of this service on 12 August 2014 a breach of legal requirements was found. This related to the supervision and appraisal of staff. During this inspection we found the provider had followed their action plan, and now met legal requirements by ensuring staff received appropriate support, supervision and appraisal to enable them carry out the duties they were employed to perform.

Edinburgh House is a care home that provides personal care and accommodation for 51 older people. Some people living in the home have dementia. At the time of our inspection there were 43 people living in the home including one person who was receiving respite care.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like

# Summary of findings

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.

People were treated with respect, and staff engaged with people in a friendly and courteous manner. People told us staff were approachable, listened to them, respected their privacy and were kind. Throughout our visit we observed caring and supportive relationships between staff and people using the service.

People told us they felt safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were identified, managed and reviewed as part of their plan of care and support. Care plans were personalised and reflected people's current needs. They contained the information staff needed to provide people with the care they wanted and needed.

People were encouraged and supported to make decisions for themselves whenever possible to maintain and develop their independence. The registered manager had knowledge and understanding of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. When people did not have the capacity to make a decision in their best interests and safety, DoLS were in place when it was necessary to restrict people's freedom in some way.

Staff took time to talk with people and people had the opportunity to take part in a range of activities. People were provided with the support they needed to maintain links with their family and friends.

People were supported to maintain good health. They had good access to appropriate healthcare services that monitored their health and provided treatment and advice when people were unwell. People were supported to maintain their mobility. People's nutritional needs and special dietary requirements were understood and catered for by staff.

Staff were appropriately recruited, trained and supported to provide people with the care they needed. Staff told us they enjoyed working in the home and received the support they needed to carry out their roles and responsibilities.

People knew how to raise concerns and complaints if they needed to. Appropriate action was taken to address issues that were raised. People's views of the service were sought and responded to appropriately.

There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they were treated well. There were processes in place to help make sure people were protected from abuse. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

People were supported to stay safe as risks to people were identified and measures were in place to protect people from harm whilst supporting their independence.

There were suitable arrangements in place to make sure people received their medicines in a safe way.

Staff recruitment was managed to make sure only suitable people were employed. The staffing of the service was organised to make sure people received the care and support they needed and to keep them safe.

Good



### Is the service effective?

The service was effective. People were cared for by staff who received appropriate training and support to enable them to carry out their responsibilities in providing people with effective care.

People were provided with meals and refreshments that met their preferences and dietary needs.

People had access to a range of healthcare services to make sure they were supported to maintain good health, and received effective healthcare and treatment.

People were supported to make decisions for themselves and, when they were unable to do so decisions were made in their best interests. Any restrictions to people's liberty were appropriately authorised.

Good



### Is the service caring?

The service was caring. People were treated with dignity and kindness. Staff understood and respected people's rights, views and wishes.

Staff respected people's right to privacy and had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Good



### Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to changes in their needs and wishes.

People's religious, cultural and individual needs were respected and accommodated.

There was a system in place for people's complaints to be listened to and addressed. Staff understood the procedures for receiving and responding to concerns and complaints. People knew who they could speak with if they had a complaint.

Good



# Summary of findings

## Is the service well-led?

The service was well led. The management of the home was open and inclusive. Staff reported they felt able to raise issues about the service, which they were confident would be addressed appropriately.

People had the opportunity to provide feedback about the service and issues raised were addressed appropriately.

There were processes in place to monitor the quality of the service, identify any issues that needed to be addressed, and improvements were made when needed.

Good



# Edinburgh 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 was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of experience was older peoples' care.

Prior to the inspection we reviewed the Provider Information Record (PIR) and the previous inspection report. The PIR is a form that asks the provider to give some key information about the service, what the service does

well and improvements they plan to make. The PIR was discussed with the registered manager during the inspection. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we talked with twelve people using the service, the registered manager, deputy manager, the cook, maintenance person, two administration staff and five care workers including senior care workers. We also obtained feedback about the service from a health care professional. We spent time observing how staff interacted with and supported people who used the service.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of five people living in the home, four staff records, audits, and policies and procedures that related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe living in Edinburgh House. People knew who to speak with if they were worried about anything. A person using the service told us they would speak with their relative and the registered manager. Another person using the service told us “I feel safe, I don’t feel frightened. I can walk anywhere and I feel like a free and proper person.” A person’s relative told us “[Person] is safe, content, happy well cared for.” Another person’s relative told us “I know [Person] is safe and well looked after,” and “I go away [after visiting person] with a good heart.”

There were policies and procedures in place, which informed staff of the action they needed to take to make sure concerns about people’s safety including suspicions of abuse, were reported to the right people at the right time. Staff were able to describe different kinds of abuse and told us they would immediately report any concerns or suspicions of abuse to the registered manager and/or other senior staff, who they were confident, would address any safeguarding concerns appropriately. However, some staff we spoke with were vague about the relevant agencies including the host local authority safeguarding team and CQC that would need to be contacted by the service when responding to any incident of abuse. The registered manager told us she would remind all staff of this. Staff informed us they had received training about safeguarding people and knew how to keep people safe. Staff training records confirmed that staff had received safeguarding adults training and refresher training about the subject. A care worker spoke about the whistleblowing policy and told us they would not hesitate to report poor practice.

There were appropriate arrangements in place for supporting people to manage their finances and to keep people’s money safe. We saw receipts of people’s spending and appropriate records were maintained of people’s finances. Some people using the service had signed their name on financial records following receipt of small amounts of their money, which was looked after by the service. For example during the inspection one person had signed for the money they needed to pay their hairdresser. This showed the person’s involvement with their finances, recognition of their existing skills and preferences and

promoted their independence. To reduce the risk of financial abuse regular checks of the management and handling of people’s personal money were carried out by outside auditors.

There were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staff told us they were busy but felt there were enough staff on duty to provide people with the care and support they needed and to keep them safe. Staff told us the staffing in the home was flexible. They provided us with examples of when extra staff had been provided such as when people needed staff support to attend appointments and activities outside of the home, and at times when people had been unwell. The registered manager told us the service did not employ agency staff, and staff covered shifts when this was required, which help ensure consistency of care. Care workers told us that during each shift they worked in particular teams, which each consisted of specific staff who knew the people they cared for well, and understood their individual needs.

One person’s relatives told us that they thought the home could do with more care workers as sometimes when a person was sitting in a lounge and required assistance from two care staff this left the lounge without staff. We noticed there were occasions when one lounge lacked staff for a few minutes. The registered manager said that there were occasions when two people might need assistance at the same time so staff would need to attend to them both promptly. However, she told us she would remind staff of the need for a member of staff to be present in each lounge at all times. Other people we spoke with told us that they thought there were sufficient staff.

People using the service told us that their call bells were responded to quickly. A person informed us that their call bell was usually answered within two to three minutes but sometimes took up to five minutes. A relative of a person informed us that people’s call bells were responded to promptly. During the inspection call bells were answered promptly, which indicated that when people required assistance, staff took appropriate action without delay.

Staff knew how to respond to people’s behaviour when it challenged the service. We saw examples of staff engaged with people in an understanding and sensitive manner when on occasions they were upset or angry with another person using the service. People’s care plans included clear

## Is the service safe?

and detailed information about the support people needed when they became anxious or upset. People using the service spoke in a positive manner about staff, approached staff without hesitation and told us they knew staff well.

Care plan records showed risks to people were assessed and included guidance for staff to follow to minimise the risk of people being harmed. Risk assessments were personalised and included risk management plans. They had been completed for a selection of areas including people's behaviour, falls, mobility, risk of pressure ulcers, smoking and emotional isolation. Risk assessments were regularly reviewed.

Accidents and incidents were recorded and addressed appropriately. Care workers told us they would complete an incident report and tell the registered manager if they were notified of an incident. Records showed during November 2015 there had been several accidents including people falling. The registered manager told us she was in the process of investigating the reasons for this, determine any themes and identify any lessons that could be learned to improve practice and to keep people safe.

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support. Staff we spoke with confirmed that appropriate checks had been carried out prior to them starting their job.

Medicines were stored and managed safely. An up to date medicines policy which included procedures for the safe handling of medicines was available. We saw staff administer medicines in a respectful, safe manner and they waited until each person had consumed them before administering medicines to another person. Medicines administration records [MAR] showed that people received the medicines they were prescribed. People using the service told us their medicines were given on time and were managed well. A person told us "I get my tablets." Two relatives told us that a person's medicines were managed well by staff.

A senior care worker we spoke with was very knowledgeable about people's medicines and provided us

with information about the reasons why they were prescribed. Staff told us and records showed that several staff had recently received medicines training. A senior care worker and the deputy manager told us about the 'in-house' medicines competency assessment they had completed before they managed and administered medicines. However, these were not recorded. The registered manager told us refresher staff medicines competency assessments would be carried out and the details of these would be recorded to show the process followed when making the judgement that staff were proficient in administering medicines safely. Records showed that a pharmacist carried out regular checks of the medicines management and administration systems in the home. The registered manager showed us the format of the medicines checks that she planned to commence to ensure medicines were administered safely.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected from harm. These included regular checks of the fire safety, gas, water and electric systems. There was clear fire guidance displayed in the home, and the fire systems were checked by a fire service provider during the inspection. People had personal emergency evacuation plans. Staff took part in regular fire drills so they knew what to do in the event of an emergency. The registered manager told us that in response to current world events the home had a terrorist emergency plan and that she was in the process of developing a more comprehensive general emergency plan. We spoke with the maintenance person who told us about his role in making sure the premises was safe, and we saw from records that staff reported maintenance issues, which were addressed promptly.

The home was clean. A member of staff was observed carrying out cleaning tasks during the inspection. Staff had access to protective clothing including disposable gloves. Staff had received training about infection control. A person's relative told us "[Person's] room is spotless, it smells fresh, it's aired, the linen is clean and the laundry is ok." A person told us that their bedroom was always very clean.



# Is the service effective?

## Our findings

People using the service told us they were happy living in the home and staff understood what they liked and how they needed to be supported. One person said “They do a first class job here.” Another person told us “They [staff] in my view are 100% committed.” A relative of person told us that staff were approachable, skilled and understood people’s needs. Other people’s relatives told us “They [staff] are amazing. [Person] is as happy as they can be,” and “[Person] is always clean, and well-kept, and showered.”

Staff were aware of the responsibilities of their job roles and told us they received the training and support they needed to carry out their roles in providing people with effective care and support.

Staff told us and records showed that new staff received an induction programme, which included ‘shadowing’ more experienced staff so they knew what was expected of them when carrying out their role. Care workers told us during their induction they learnt about the organisation, its policies and procedures, health and safety issues and people’s needs. Staff told us they spent a lot of time when they first started working in the home talking with people to get to know them. They also said they read people’s care plans and spoke with senior staff about people and their needs, so they were able to provide people with the care they needed in line with their plan of care. The registered manager told us there were several staff who were in the process of completing the new induction Care Certificate which is the benchmark that has been set in April 2015 for the induction of new care workers.

Staff told us they received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, dementia awareness, medicines, health and safety, first aid and MCA/DoLS. The registered manager told us that twenty staff had taken part in ‘Music for Life’ programmes which have the aim of enhancing staff understanding of the emotional needs of people with dementia in the context of a person centred approach to dementia care. Records showed that feedback from the organisation that provided this programme was very positive about the staff who took part in it.

Staff had also received training and learning in other relevant areas including continence, staff conduct, keyworker role, privacy, care plans, falls, incident recording, good communication and leadership and management. A member of staff had completed end of life training in 2015. A care worker told us that they would inform the manager if they felt they needed further training in a particular topic area and they were confident the manager would address this. Staff told us and records showed some staff had achieved vocational qualifications in health and social care relevant to their roles.

We found staff to be helpful and knowledgeable when they engaged with people using the service, and others including us. Staff told us they felt well supported by the registered manager and other senior staff. They said senior staff were always available to provide the support and guidance they needed. Staff told us and records showed staff received supervision and appraisals to provide staff with support, monitor their performance, identify their learning and development needs. Records showed a range of areas including, keyworker role, teamwork, the use of disposable gloves and privacy had been discussed during staff supervision

People’s needs and the service were discussed during staff shift ‘handover’ meetings. We saw staff “handover” meetings taking place during the inspection. Staff told us there was good communication among the staff team about each person’s needs, so they were up to date with people’s progress and knew how to provide people with the care and support they needed.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Records showed people had access to a range of health professionals including; GPs, opticians, chiropodists, dentists and community nurses to make sure they received effective healthcare and treatment. People spoke of attending health appointments and told us they saw a doctor when they were unwell. A person told us they had recently been seen by a dentist and was looking forward to receiving some new dentures. A health professional spoke of regularly visiting the home to provide care and treatment for people. They told us that staff listened to them,



## Is the service effective?

followed their instructions and escalated any concerns appropriately. A relative of a person told us “If there is a problem [such as need for a dentist appointment], I know they [staff] will deal with it. They pick up things before I do.”

The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people’s rights including those who are unable to make one or more decisions for themselves. Staff knew what constituted restraint and knew that a person’s deprivation of liberty must be legally authorised. The service used the legal framework MCA and the associated DoLS when people did not have the mental capacity to comprehend and evaluate the risks to their safety. For example we were informed that several DoLS applications to restrict the freedom of people to go out of the home without support from staff or others had been authorised by the local authority.

Staff received training in MCA/DoLS and had a good understanding of the importance of obtaining people’s consent when assisting them with personal care and with other aspects of their lives. A person told that staff asked them if they wanted help with getting dressed and respected the decision they made. Staff knew that when people were assessed as not having the mental capacity to make a specific decision, health and social care professionals, staff and on occasions family members would be involved in making a decision in the person’s best interests.

The menu was varied and included people’s preferences. The menu of the day was located on dining room tables. It was in written format. This was discussed with the cook who told us they would display it in pictures so people who had difficulty reading would be more able to access the menu information, without having to ask staff. We found people’s nutritional needs and preferences were recorded in their care plan and accommodated for. Staff we spoke with had knowledge and understanding of people’s individual nutritional needs including their religious and cultural dietary needs and preferences. We spoke with the cook who had recently started working in the home. The cook told us she had asked for feedback from people using the service about the menu and had made some changes in response to their views, which included increasing the variety of meals and adding more foods that met peoples’ religious and cultural needs.

Most people ate in the dining rooms at set times although the cook and care staff confirmed snacks were available throughout the day and night. A night care worker provided us with examples of people being provided with hot drinks and sandwiches during the night when they said or indicated [for example by being restless and wandering] they were hungry and/or thirsty. A relative told us that staff always made sure a person using the service received their meals.

Staff told us and records showed how people at risk of malnutrition had their eating and drinking monitored. However, although staff were knowledgeable about the needs of people who needed encouragement to drink and fluid monitoring charts showed people were receiving frequent drinks, it was not recorded on most of the charts what was the target amount the person should aim to drink every twenty four hours. Also drinks were not totalled up each day so it was not clear that people were getting the drinks they needed. The registered manager told us these records would be reviewed and improvements made. Relatives told us that staff always encouraged their family member to drink.

Tables were laid attractively, a variety of condiments were available. Food was served promptly and respectfully. However, lunch did not look appetising, the meal consisted of sausages, peas and mashed potatoes which did not look very pleasing and could have been more attractively presented. We heard staff offer people the choice of meat or vegetarian option. However, a person had refused the vegetarian option as it looked like the meat alternative. We spoke with the cook about this and she told us she would in future provide vegetarian options which were different in look from the meat option. In one dining area people were not offered a choice of pudding. We mentioned this to the cook who informed us there were always a choice of puddings and fresh fruit in the kitchen and would remind staff to offer people these choices. Some people needed encouragement and prompting to eat and drink, others received assistance when they were unable to feed themselves.

The cook told us she regularly asked people for feedback about the meals but currently did not record this. She told us she would in future document this feedback and the details of the action she took in response to people’s views. A person using the service told us they had provided the cook with recipes, who had on occasions cooked these for

## Is the service effective?

people using the service. Comments from people about the food included “The food is excellent. You get choice. If I don’t like it I can get something else,” “There is variation of food,” “The food is good 99% of the time,” “The food is ok, it’s quite good,” and “In my view the food is very good, there is plenty of it.”

The premises was warm and included a number of areas where people could spend time on their own or with their visitors. However, the layout of the home was not conducive to orientation; we found that despite generally having a good sense of direction we got disorientated at times. The corridors in the upstairs bedroom areas were plain and lacked decoration favourable to those who might

have difficulties with getting around the home. However, there was picture signage on doors of toilets and bathrooms to help people locate these rooms. The registered manager agreed that the layout of the home was dated. We discussed with the registered manager the development of the signage and also reviewing the way notices about activities and other events were displayed throughout the premises so information was clear and accessible to people. The registered manager told us there were plans to redecorate and refurbish one of the lounges. The registered manager spoke of a planned future strategy where significant changes to the service would be made including changes to the premises.

# Is the service caring?

## Our findings

The atmosphere of the home was relaxed. During our visit we saw positive engagement between staff and people using the service. Staff spoke with people in a friendly and sensitive way. People were complimentary about the staff and told us they treated them well, listened to them, and provided them with the care and support they needed. People told us “I get well looked after,” “They look after me quite well,” “The care is excellent, the staff are very caring and very professional,” “I give them 200% for care. They [staff] are all very friendly, and provide “Amazing care.”

Relatives of people also spoke in a positive manner about the care that staff provided. “Person likes it [the care home], especially the Jewish aspects,” and “It’s a happy place.” A person using the service and their relative told us about the difficult circumstances they had faced before coming into the home and how they were relived and content with the service provided by the home. They told us they had visited several homes prior to visiting Edinburgh House and found none of them had the same ‘pleasant atmosphere and warmth’.

Care workers were knowledgeable about people’s needs and positive about their experiences working at the home. They told us they enjoyed their job supporting and caring for people and worked well with other staff. Staff confirmed they received detailed information about each person’s progress during each shift so understood each person’s specific needs so were able to provide people with the care they needed. We observed that staff had a positive understanding and rapport with people. For example staff responded sensitively when a person walked away from the dining area during lunchtime, by gently encouraging them to return to their meal to finish it. On another occasion a care worker spoke in a very sensitive manner with a person when they offered them support with their personal care.

People’s daily routines and preferences were written in their care plan. For example some people liked a daily newspaper, which we saw they received. Each person had a key worker who supported them with their care and in aspects of their day to day lives. Staff spoke of their key worker role. A care worker told us that they made sure their key person had the toiletries they needed and also regularly spoke with the person’s family members about the person’s needs.

Staff told us about supporting people’s independence. These included decisions about what they wanted to do and services they wished to access. For example a person told us arrangements were in place for them to have their hair done by the hairdresser that the person had before they moved into the home. People had the choice of how and where they wanted to spend time during the day including periods of time in their bedroom. People were provided with the equipment such as walking frames they needed to promote and maintain their freedom of movement.

Staff understood people’s right to privacy and we saw they treated people with dignity. A care worker spoke to us about the importance of respecting people’s privacy and told us they made sure that the bathroom door was closed when supporting a person with their personal care needs. We saw staff discreetly ask people whether they needed to go to the bathroom. People told us “The carers are very good, kind and polite,” and “They respect everyone, I’ve never heard them raise their voices.” We saw people were well dressed. A person using the service told us about the clothes they had chosen to wear that day. A care worker spoke about how people were supported to take pride in their appearance.

The service had a confidentiality policy. Staff had a good understanding of confidentiality and knew not to speak about people other than to staff and others involved in the person’s care and treatment. People’s records were stored securely.

People were supported to maintain the relationships they wanted with friends, family and others important to them. Staff told us and records showed people had contact with their relatives. A person told us they regularly spoke with a relative on the telephone. Another person spoke of regularly visiting their family. A relative told us they had appreciated it when having moved house, a member of staff had accompanied their family member [person using the service] to a florist where they had purchased some flowers to give them as a house-warming gift.

Staff understood that people’s diversity was important and needed to be upheld and valued. Records showed staff had received information about Jewish religion and culture. A care worker told us that people using the service also frequently spoke about matters to do with being Jewish and aspects of Judaism. Shabbat [Jewish day of rest] and Jewish Holy days are observed and celebrated by the

## Is the service caring?

home. A Rabbi regularly visits the home and a Jewish service provided advice and the relevant checks needed to ensure that meals conformed to the regulations of Kashrut

[Jewish dietary law]. The registered manager told us that the executive committee also provided information and advice about the Jewish way of life, and some people using the service had attended a synagogue.

# Is the service responsive?

## Our findings

People told us “The care is fantastic, it’s second to none. They couldn’t do enough to help [Person] settle in,” “They [staff] are very calm” and “They [staff] are good at knowing things and quick to pick up signals.”

A person using the service told us that before living in the home they had visited the home and had been asked a range of questions about their background, needs, and interests. People’s written assessments included information about a range of their individual needs including; health, social, care, mobility and communication needs. These needs and people’s preferences were included in each person’s individualised care plan. For example a person’s care plan included detailed information about meeting the person’s social and emotional needs by supporting and encouraging the person to spend time in the lounge with other people using the service.

People’s care plan included specific detailed step by step guidance for staff to follow to meet individual care needs such as the support they needed for personal care. A relative told us that staff were very familiar with their family member’s needs. For example the person using the service liked to know in advance which care worker would be helping them to bed in the evening and staff always made sure the person was provided with this information. They also told us that a care worker had bought the person a large clock as they knew that the person liked to know what time it was and would be able to see the time clearly.

Relatives told us they were fully involved in people’s care. They provided us with a range of examples of when changes in their family member’s needs had been promptly addressed. They told us they were always kept well informed when their family member’s condition changed and said care plans were reviewed regularly and updated when their needs changed. A relative told us staff had suggested they arrange for a person to have their long-term medical need reviewed at a hospital. Another relative informed us staff had been very quick in recognising when a person using the service had an infection and had promptly contacted a doctor. Another person’s relative told us “[Person’s] needs have always been at the forefront and have been addressed immediately.” However a relative told us they sometimes had to remind staff of a person’s particular preferences, which included making sure the person had a drink within their reach. Other relatives told

us “Anything they are worried about, they phone us. They are proactive and tell us when [Person] needs toiletries,” and “They listen, discuss, act and implement.” A person told us they felt involved in their care and were aware they had a plan of care; however another person was not aware of their care plan.

During our visit we saw staff took time to listen to people and supported them to make choices about what they wanted to eat and what they wanted to do. Those decisions were respected by staff. A relative informed us that staff were aware that their family member liked chocolate and were “Proactive in giving [Person] chocolate.” A person using the service told us they made a number of choices throughout the day including when they got up, what they wore and what they wanted to do. A relative told us they frequently saw care workers sitting and engaging with people using the service.

There is an activity worker who spends time in the home and with people using the service at the organisation’s day centre. During the inspection we heard staff asking people if they wanted to attend this day centre. People told us about the activities they enjoyed. These included; music activities, reminiscence, playing cards, reading groups, listening to the radio, bingo, watching television, discussing the news and poetry. People spoke highly about the music entertainment arranged by the home, singers and other entertainers also visit the home. A school choir sang to people during the inspection. A person said “A person comes and plays the piano which is nice.” Some people mentioned they had the opportunity to go on outings. A person spoke about some outings and holidays she had taken since living in the home. Another person told us of their enjoyment they recently had at a Royal garden party. We saw photographs of people enjoying a recent summer barbeque. A relative told us there were lots of activities in the home. However, a person told us “I would like more activities.”

Staff knew they needed to report all complaints to the registered manager. Records showed complaints had been addressed in line with the complaints procedure. People told us that they felt comfortable raising complaints and felt confident that they would be addressed appropriately.

When we asked people if they had any concerns they told us they had nothing to complain about. A person using the service told us that if they had a problem they would make an appointment to talk with the registered manager, and

## Is the service responsive?

had no qualms about doing so. Other people told us “I can’t find fault in anything or anyone here,” and “There is no problem here at all. I can’t complain.” We saw from cards and other records that a number of compliments had been made about the service.

# Is the service well-led?

## Our findings

People spoke positively about the service and the registered manager. They told us the registered manager was approachable and communicated with them well. Comments from people using the service and their relatives about the service included “It’s very well run. [The registered manager] is marvellous, she is good at keeping this place running,” “[Registered manager] is lovely. I like her, I can talk with her.” It [Edinburgh House] is extremely good. I settled in very quickly. I feel at home here,” “There is a lovely atmosphere. I don’t think it could get any better,” “I was very fortunate to get a place here” and “It’s not exactly five star but [Person] likes it.”

Two relatives of people told us that they would be happy to live in the home. When we asked eight people what they would score the service out of a maximum of 10 points. Three people using the service and three relatives scored the service 10 out of 10 and the remaining two people scored the service 8. Some relatives told us “We’d give it 10 out of 10 without a shred of doubt.”

The management structure in the home provided clear lines of responsibility and accountability. The registered manager managed the home with support from the deputy manager and senior care workers. The registered manager spoke with people using the service in a respectful manner, asked how they were and promptly responded to the requests and requirements of people using the service. The registered manager has an open door policy. People knew the registered manager by her first name and approached her without hesitation. We saw on several occasions that people went to her office to speak with her. A relative told us “You can go to [the registered manager] at any time, the door is always open.” Another relative provided us with an example of an issue they had raised which had been addressed appropriately by the registered manager.

Staff members had job descriptions which identified their role and who they were responsible to. Staff told us the registered manager listened to them, managed them well and kept them informed about any changes to the service. A care worker told us that the “Seniors, and [registered manager] are great.” Care workers told us despite them being busy much of the time they enjoyed their job and team work was good.

Records and feedback from people showed the home worked well with partners such as health and social care professionals to provide people with the service they required. A health professional spoke in a positive manner about the home and the working relationship they had with staff in providing people with the care and treatment they needed.

Feedback from people including people who used the service, relatives and health and social care professionals was sought by the service and action was taken to address issues raised. For example staff had been told to let people know when they were their key worker. We looked at the results of recent feedback surveys and found people had been mostly positive about areas of the service, which included; the care people received, the knowledge and caring attitude of staff, activities and people’s access to health care. We saw an action plan that identified the issues raised in a recent survey and the action planned had been taken to address them.

Residents meetings had taken place. We saw from records of a recent resident’s meeting that people had raised a number of issues to do with the meals provided. The chef had taken action to make improvements in response to these issues and the registered manager told us she was also addressing the feedback. Relatives were unsure of the frequency of relative’s meetings. The registered manager told us a relatives meeting was due to take place shortly and she would ensure that it was well advertised.

There were systems in place to assess and monitor the quality of the service and to make improvements when required. Quality audits of the service were regularly carried out by the trustees of the organisation and recently an independent consultant had carried out comprehensive checks of the service. Regular checks of equipment, kitchen and other health and safety systems were also carried out. Checks of the service provided at night had also been recently carried out. We saw action had been taken to address shortfalls found from the range of audits of the service for example the registered manager had updated the staff application form to include details of applicants full employment history, and people’s care plans had been reviewed.