Mrs M Chungtuyco

Eden House Residential Home I

Inspection report

Eden House
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Oxford
Oxfordshire
OX4 2QT

Tel: 01865776012

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 11 August 2016. It was an unannounced inspection.

Eden House One is a care home without nursing that offers a service for up to eight older people. On the day of our inspection six people were living at the home. Most people were living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We were greeted warmly by the registered manager and staff at the service who seemed genuinely pleased to see us. The atmosphere was open and friendly.

People told us they felt safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People were supported by staff who were knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed.

There were sufficient staff to meet people's needs. Staffing levels were consistently maintained. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act (MCA) and all staff applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected, this included Deprivation of Liberty Safeguards (DoLs).

The service had systems to assess the quality of the service provided. Any learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care. However, the service did not always send us notifications about reportable events. A notification is information about important events which the provider is required to tell us about in law. In addition, the service failed to

provide us with certain information we requested prior to the inspection.

Staff spoke positively about the support they received from the registered manager. Staff supervisions and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People and their relatives told us the service was friendly, responsive and well managed. People knew the registered manager and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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 sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns relating to abuse.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe. People received their medicine as prescribed.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA). Staff understood the MCA and applied its principles.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager failed to provide us with certain information we requested prior to the inspection.

The registered manager did not always send us notifications about reportable events.

People knew the registered manager and spoke to them with confidence.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

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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 the 11 August 2016. It was an unannounced inspection. This inspection was carried out by an inspector.

We spoke with three people, two relatives, two care staff, and the registered manager. We looked at four people's care records, medicine and administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's route through the service and getting their views on it. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, we asked the provider to complete a 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. They did not return a PIR and we took this into account when we made the judgements in this report.

In addition, we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also contacted the local authorities care home support service to obtain their views on Eden House.

Good

Is the service safe?

Our findings

People told us they felt safe. People's comments included; "Oh yes I am perfectly safe here" and "Yes I do feel safe". One relative we spoke with said, "She (person) seems safe enough to me". Another relative said, "Yes my mum is safe here".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to the registered manager. Staff were also aware they could report externally if needed. Staff comments included; "I have had training so I would report to the manager and I can also call the whistle blowing line and safeguarding" and "I would always report this kind of thing to [registered manager]. I have the option to also call the GP, social worker or safeguarding team". Records confirmed the service had systems in place to report any concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was unable to bear weight and was at risk of falls. The person used a wheelchair to mobilise and required a full hoist for all transfers. Staff were provided with guidance on how to support this person which included hoisting techniques and the requirement for two staff members to hoist the person. Staff were aware of and followed this guidance. The risk assessment was regularly reviewed and we saw the person had not experienced a fall.

Another person's care plan identified they could be at risk of choking. They had been referred to a speech and language therapist (SALT) who had provided guidance for staff on how to safely support this person. This included cutting their food up into small pieces. We saw staff followed this guidance at the lunchtime meal. Other risks assessed and managed included; fire, pressure care and 'safety within the home'.

There were sufficient staff on duty to meet people's needs. People confirmed this when we spoke with them. People's comments included; "Yes there is enough staff" and "I'm sure there is, they come quickly if I call them". One relative said, "Yes there is plenty of staff around. The continuity of staff is superb which is so reassuring for my mother".

Staff told us there were sufficient staff to support people. Comments included; "Staff levels are ok. There's plenty" and "We are well staffed here".

The registered manager told us staffing levels were set by the "Dependency needs of our residents". Staff were not rushed in their duties and had time to sit and chat with people. During our visit most people experienced and enjoyed one to one activity sessions with staff. People were assisted promptly when they called for help. Staff rota's confirmed planned staffing levels were consistently maintained.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references, United Kingdom Borders Agency (UKBA) checks and Disclosure and Barring Service checks. These checks identify if prospective staff

were of good character, suitable for their role and had permission to live and work in the UK. This allowed the registered manager to make safer recruitment decisions.

People's safety was maintained through the maintenance and monitoring of systems and equipment. We established that equipment checks, water testing, fire equipment testing, hoist servicing, electrical and gas certification was monitored by the maintenance staff and carried out by certified external contractors. We saw equipment was in service date and clearly labelled.

People had their medicines as prescribed. The staff checked each person's identity and explained the process before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance. Protocols for medicines to be administered as required were in place and regularly reviewed. Staff were trained to administer medicine and their competency was regularly checked by the registered manager. We observed a member of staff administering medicines and saw correct procedures were followed ensuring people received their medicine as prescribed. One staff member told us, "I do administer medicine. We get trained annually by the pharmacy and the manager checks my competency".

Good

Is the service effective?

Our findings

People and their relatives told us staff had the skills to support them effectively. One person said, "I have had colds in the past and they have taken great care of me. That tells me they are well trained". One relative said, "They (staff) are good. I have no qualms in that area". Another relative said. "The staff have the knowledge and training to support mum".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they started working at the service. Staff spoke with us about training. One staff member said, "The induction was good and I have done lots of training". Another said, "I am well trained, more than enough to support our clients".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff spoke with us about supervision. They said, "I get supervisions which are useful because they refresh you, they break the routines and it is good to be up to date with things". One staff member had raised fire evacuation procedures during their supervision and had requested further training. We saw this training was planned.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was knowledgeable about how to ensure the rights of people who were assessed as lacking capacity to make decisions were protected. Where people were thought to lack capacity, mental capacity assessments were completed.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff offered people choices and gave them time to decide before respecting their decisions. Staff demonstrated an understanding of the MCA. Staff comments included; "We make sure clients have freedom of choice, always in their best interests. We ensure multi-disciplinary teams are involved where necessary" and "They (people) all have different needs and they are all different as individuals. It is about offering choices in their best interests". People's capacity assessments involved GPs, the community mental health team, families, advocates and appointed relatives with lasting power of attorney (LPA).

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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body.

The registered manager told us they continually assess people in relation to people's rights and DoLS where they lacked capacity to make certain decisions.

Staff demonstrated a good understanding about how to ensure people were able to consent to care tasks and make choices and decisions about their care. Throughout our visit we saw staff offered people choices, giving them time to make a preference and respecting their choice. For example, during the lunchtime meal we saw people's preferences regarding food and drink were respected. Care plan evidenced how people had given consent to care. All the care plans we saw contained consent to care documents signed by people or relatives appointed with legal authority to do so.

The service sought people's consent. Some people used bedrails to keep them safe in bed. We saw where people used bedrails the risks had been discussed with them and their families. People had signed the risk assessments consenting to the use of bedrails. Where people were unable to sign we saw their best interests had been considered. One document we saw was signed by a relative with LPA for the person's care and welfare.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, care home support service, a local authority team, and speech and language therapist. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. One healthcare professional we spoke with told us, "This is a good service that uses best practice. They are very pro-active and provide good quality care in a family environment. I have absolutely no concerns regarding this service".

People told us they enjoyed the food. Comments included; "I like the food. There is a good choice and I have different meals every day" and "The food is fine but I am fussy. I eat a lot of fruit". One relative commented on the food. They said, "The food seems suitable and very good. She (person) can be fussy but they cater for her really well".

We observed the midday meal experience. This was a quiet, sociable event where people ate in the dining room or the lounge depending on their preference. People were offered a choice of drinks throughout their meal. People were encouraged to eat and extra portions were available. Where people required special diets, for example, pureed or fortified meals, these were provided. People's preferences relating to food were recorded in their care plans and staff were knowledgeable about people's preferences. One person told us, "Oh they know what I like". Another person's care plan stated the person required 'full assistance' and 'encouragement' with meals. We saw this person being supported appropriately in a caring and patient manner.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. People were extremely positive about staff. Comments included; "The staff are very caring. [Staff name] is brilliant, anything I want doing, he will do it for me" and "I like it here, they are all very pleasant people". One relative told us, "There's definitely caring relationships here. Well over and above what you would expect. They are looked after like a family". Another relative said, "I think this place is very good because they are loved as if part of a family".

Staff told us they enjoyed working at the service. Comments included; "I have so much interaction with them (people) and they always thank me, so yes, I do have good relation with them" and "I love this work. You can't do it unless you have a passion. I love the people I look after. It's a family home".

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, family and where they had lived. During our visit we saw numerous positive interactions between people and staff. For example, a staff member noticed a person was sat in an awkward position at the dining table. They approached the person and asked if they wanted their position adjusted. The person smiled and said yes. The member of staff supported the person to get comfortable and then asked if they wanted anything else. The person asked for a glass of water which was immediately provided. Throughout this interaction the staff member expressed genuine care and concern for the person and it was clear a positive relationship existed between the two of them.

We observed staff communicating with people in a very patient and caring way, offering choices and involving people in the decisions about their care. People were given options and the time to consider and choose. For example, people were offered the opportunity to engage in one to one activities with staff. Some people chose not to take part and this was respected. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people as they supported them.

People's independence was promoted. For example, one person's care plan stated '[person] to be encouraged to choose clothes to wear for the day'. Staff spoke with us about promoting people's independence. Comments included; "It takes time to gain their trust but with patience, understanding and a little love they respond and will try things for themselves" and "I use the care plans to guide me and give them a chance to do things for themselves". One person told us how they were supported to be independent. They said, "I do my own medicine and I keep it in a locked drawer. They let me do it but they are forever checking I'm happy to do it myself".

People were involved in their care. People were involved in care reviews and information about their care was given to them. One person had commented in their care plan review 'I absolutely love my full wash'. The person had signed and dated this comment showing their involvement. One staff member told us how they involved people in their care. They said, "I go through it with them, I offer choices and get them to participate".

We spoke with staff about promoting people's dignity and respecting their privacy. Comments included; "I treat them all with respect, simple" and "I use their preferred names, I close doors and curtains to keep things private and I am discreet". When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful.

People told us staff promoted their dignity and respected their privacy. One person said, "Yes very much so. They are polite and always knock before coming into my room". Another person said, "I can stay in my room if I want and they respect that. I am treated with dignity, they are very charming people". A relative said, "I think they promote her (person's) dignity, yes".

People's wishes relating to 'end of life' care were recorded and respected. Advanced care plans recorded people's preferences and wishes. For example, whether people wished to be buried or cremated and preferences relating to funeral and family arrangements. One person had stated they did not want to be 'admitted to hospital' and wanted to 'remain at Eden House'. Another person had stated they 'wished to be buried with their parents'. Staff assured us these wishes would be respected.

People's personal information was kept confidential. People's care plans were held in a locked office only accessible to staff. We saw confidentiality was discussed with staff at supervisions and the registered manager checked staff were aware of the importance of 'the limitations of sharing information' and who information should be shared with.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Care plans were detailed, personalised, and were reviewed regularly.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person could present behaviours that may challenge others and become resistant to support. The care plan highlighted what triggers this behaviour and what strategies should be used to defuse such situations. Staff were guided to allow the person 'time to express themselves' and to distract the person by getting them to recall 'memories of people and places'. We saw staff effectively using these strategies when supporting this person.

Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, where people needed topical creams applied, a body map was in use to inform staff where the cream should be applied. Staff signed to show when they had applied the cream and there was a clear record of the support people received. Where people's needs changed staff reviewed the person's care and we saw they made appropriate referrals to healthcare professionals. For example, one person's condition changed and the person was reviewed by the GP. As a result their medicine was changed to reflect their current condition. One person told us, "I was involved in the initial assessment and I take part in reviews. I sign to agree any updates".

People's care was personalised to reflect their needs. For example, one person's mouth could become dry making it difficult to swallow their food. Staff were guided to ensure this person had water available to them at every meal. At the lunchtime meal we saw this person had a glass of water. Another person wore glasses but could forget to put them on. Staff were advised to remind the person to wear them. We saw this person wearing their glasses. Staff spoke with us about personalised care. One staff member said, "It's care just for that person, how they want it done".

People were offered activities that matched their preferences. A 'resident's recreational activity' record was held in each care plan and recorded any activities the person engaged in and any outcomes from the activity. For example, one person had a hand massage which 'settled' them. Another person was supported to look through an old photograph album which '[person] really enjoyed'. Other activities included; manicures, hairdressing, foot spa and games. However, we were told people mainly enjoyed one to one sessions with the staff. The registered manager told us, "Currently our residents are settled and seldom want organised games such as bingo. If they want it they can have it but we go with their preferences".

People spoke with us about activities in the home. Comments included; "I used to go to the gym but now I tend to keep myself to myself. I had a birthday party yesterday which was great and this afternoon I'm going out with relatives" and "I fill my time reading and watching TV. I also listen to the radio. I sometimes go

shopping and they (staff) come with me". Throughout our visit we saw people enjoying one to one activities with the staff. This included looking at books and newspapers, looking at photograph albums and doing crosswords and puzzles.

People's opinions were sought and acted upon. Surveys were sent to 'resident and relatives' four times a year and asked questions about all aspects of care, support and the home. The latest survey results were extremely positive about the home and staff. We saw there were no negative comments and no suggestions made for improvements.

People knew how to raise concerns and were confident action would be taken to address them. People spoke about an open culture and told us they felt the home was responsive to any concerns raised. One person said, "I'd complain to [registered manager]. I know they would deal with it. I've had a moan or to in the past and it was dealt with". Another person said, "There's a notice in the hall about complaints. I'm sure they would do something about it". A relative commented, "I know how to complain and I'd talk to [registered manager]. I'm sure it would get sorted".

We looked at the complaints records and noted there had been no complaints since our last inspection. The registered manager told us concerns or complaints raised were recorded and dealt with "Immediately so we rarely reach the formal complaint phase". Details of how to complain were displayed in the hall and also contained contact details for the Care Quality Commission (CQC).

Requires Improvement

Is the service well-led?

Our findings

People told us they knew who the registered manager was and found them very friendly and approachable. People's comments included; "I get on with the staff and [registered manager] very well" and "I know the manager, she is a good manager. She listens and acts". Relatives echoed people's sentiments. One relative said, "I can't see anything wrong with her (registered manager) or this service". Another relative said, "[Registered manager] is informative, I always get updates on mum's condition. Oh yes, they deliver high quality care here".

Staff told us the registered manager was supportive and approachable. Comments included; "We have a good working relationship. [Registered manager] is supportive and really helpful" and "[Registered manager] is a good manager. She has found the balance between being in charge and being a colleague. She helps and guides us".

The registered manager led by example. The registered manager supported people individually throughout the day and greeted relatives and visitors in a warm and welcoming manner. Their example gave staff clear leadership and we saw this enthusiastic, person centred approach repeated by staff throughout our visit.

The service had an open and honest culture. Throughout our visit the registered manager and staff were helpful, transparent and keen to improve the service they provided. One member of staff said, "We encourage honesty here. We update relatives when we see them and encourage them to share with us".

The registered manager told their vision was, "To create and maintain a family home where residents feel safe, secure and at home". This sentiment was mentioned repeatedly by staff and relatives throughout our visit and formed part of the services statement of purpose, a document that sets out how the service will run. It stated Eden House aimed to be 'a home away from home'. One relative told us, "This is a family home, it is much more homely than other care homes I have visited".

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, one person had tripped whilst outside the home. The incident was investigated and concluded it was an 'unforeseen accident' not related to the person's condition. However, the person's care was reviewed to ensure their safety. We discussed accidents and incidents with the registered manager who told us they "Reviewed these records to look for any patterns" that could be addressed. For example, it was noted two incidents occurred on a particular bus route and the registered manager had contacted the bus company.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. These included; hospital admissions, medicines, accidents and falls. An external pharmacist conducted a medicines audit once a year. Information from audits was used to improve the service. For example, following an audit relating to falls the care home support service was contacted who attended the home and provided further guidance and advice relating to falls prevention.

The registered manager shared learning with staff through briefings, handovers and staff meetings. Regular staff meetings were held where learning was shared. For example, at one staff meeting we saw people's care needs were discussed and included information sharing relating to the management and use of pressure relieving mattresses. Staff spoke with us about sharing learning. One said, "When something happens we discuss it straight away and deal with it. We also share things at staff meetings". Another staff member said, "I get informed straight away of urgent issues and we have staff meetings where we discuss issues and learning".

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. However, we saw one incident that occurred in August 2015 where a person injured themselves and required hospital treatment. This incident was not reported to us. The registered manager said, "This is an omission on my part, it will not happen again".

Before the inspection, we asked the provider to complete a 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. They did not return a PIR. We asked the registered manager about this. They said, "I don't remember getting this but I will check".