

# Cumbria County Council

## Edenside

### Inspection report

Bridge Lane  
Penrith  
Cumbria  
CA11 8HY

Tel: 01768242040

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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

Edenside is a residential care home that provides personal care to four people at the time of the inspection. The service Edenside was flooded and was relocated to the current premises. There will be no new admissions to the current location.

People's experience of using this service and what we found

People were supported by kind and caring staff who knew them well. Comments from relatives included, "The care is second to none" and, "We are extremely pleased with the care, they do everything very well."

The premises were temporary accommodation, therefore not purpose-built and the décor was tired in places. The home was, however, clean and well maintained.

People felt safe and staff were trained and knowledgeable about safeguarding procedures.

Medicines were managed safely.

Care was person centred and people's needs were responded to promptly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Systems were in place to monitor the quality and safety of the service and the staff and relatives found the manager helpful and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating of this service was good (published 29 November 2016).

Why we inspected

This was a planned inspection based on the previous rating

Follow up

We will continue to monitor information we receive about Edenside until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective finding below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring finding below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in the responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in the well led findings below.

# Edenside

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one adult social care inspector.

#### Service and Service type

Edenside is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### What we did before the inspection

We reviewed the information we had received about Edenside since the last inspection. We contacted the local authority and Healthwatch to request feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with four people using the service and three relatives. We also spoke with the registered manager, and four care staff including supervisors.

We read two care plans, two staff recruitment files, and a variety of records relating to the quality and safety of the service.

After the inspection

We were sent additional information about staff training.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The premises were clean and well maintained. Regular checks on the safety of the building and equipment were regularly undertaken.
- Risks relating to people and the environment were assessed and plans were in place to mitigate risks identified.

Staffing and recruitment

- There were suitable numbers of staff deployed to meet the needs of people. Staffing had reduced in line with a reduction in occupancy in the home, but there continued to be enough staff available.
- Safe staff recruitment procedures were followed to help protect people from the risk of harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in the safeguarding of vulnerable adults and were aware of the procedures to follow to protect people from harm. One staff member told us, "I have never seen any bad practice, I wouldn't put up with it."

Using medicines safely

- There were safe procedures in place for the ordering, receipt, storage and administration of medicines.
- Staff were trained and competent to administer medicines safely. Medicine records were accurate and up to date. Regular checks were carried out to ensure enough medicines were in stock.

Learning lessons when things go wrong

- A record of accidents and incidents was kept including action taken. These were analysed and reviewed to help prevent reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were assessed, and care was planned around their specific needs and choices.
- Individual plans were holistic and supported people's physical, social and emotional needs. People's 'rituals and routines' were recorded to ensure care delivered was person centred.
- Staff knew people well and reviewed their care and support needs on a regular basis.

Staff support: induction, training, skills and experience

- Staff received regular training deemed mandatory by the provider. There were plans in place to address any training needs including end of life care which had been arranged.
- Staff received regular supervision and appraisals and told us they felt well supported in their roles. One staff member told us, "It is very supportive and a nice place to work."

Supporting people to eat and drink enough to maintain a balanced diet

- We joined people for lunch and they enjoyed their meal. One person told us "The food is lovely thank you." We observed people being supported appropriately by staff at meal times.
- People were supported with specific dietary needs as required. Alternative choices were available if required. The cook told us having four people using the service meant they could provide alternatives easily.
- Where people required additional support with meeting their nutritional needs, this was sourced by the provider.

Staff working with other agencies to provide consistent, effective, timely care

- People's health needs were met through access to a range of health professionals.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were trained in the MCA and information relating to DoLS and capacity issues were appropriately recorded.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff were caring. One relative told said, "The staff are great. They treat people as individuals and do their best to cater for each individual person's needs."
- Staff had formed close relationships with people and knew them well. They treated them with warmth and respect.
- We saw numerous examples of kind compassionate care. Staff had time to spend with people and gently comforted someone who had an episode of coughing. They took them tissues and stayed with them until they felt better.
- People were supported to maintain close relationships with people important to them. One person had recently lost someone they were close to. Staff supported them sensitively at this time.
- An equality and diversity policy was in place and staff treated people with respect regardless of their sex, age, disabilities or beliefs.

Supporting people to express their views and be involved in decisions about their care

- Staff supported people to be involved in decisions about their care throughout the inspection.
- No one was using the services of an advocate at the time of the inspection, but staff knew how to access this service for people should they need it. Advocates provide impartial support to people to make and communicate decisions.

Respecting and promoting people's privacy, dignity and independence.

- We observed staff respecting people's privacy and dignity throughout the inspection. They were discreet when offering personal support and asked permission before helping people.
- People were supported to maintain their independence. We observed staff intervening to varying degrees to help people in a way which encouraged people to remain as independent as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person centred care plans were in place. This meant people's social, emotional, physical and spiritual needs were considered when planning care.
- Due to the low numbers of people using the service, staff told us they could give highly person-centred care which they found rewarding.
- Care plans were up to date and regularly reviewed. People and their representative were involved in the care planning process.
- Relatives told us staff kept them informed about their relation's care and contacted them regularly. One relative told us, "If anything happens, a small bruise or anything, they are straight on the phone."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place which described the level of support people required to meet their communication needs.
- There was no one requiring adapted communication or using the services of an interpreter at the time of the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A variety of activities were available to people. There was a trip to a local dairy for ice cream during the inspection. People who did not wish to go were brought back an ice cream.
- Activities people had enjoyed included making fat balls for the birds, making pizzas and reminiscing about Appleby horse fair. Individual albums in people's rooms, were a source of personal information and pictures for staff to go through with people which was a good communication aid.
- A relative made some suggestions regarding increasing opportunities for physical exercise and the importance of encouragement when people might initially refuse an activity. We passed this to the registered manager for their information.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place which was easily accessible. People and relatives we spoke with said

they would know how to make a complaint. No formal complaints had been received since the last inspection.

- A suggestion box was available in the home should anyone wish to make any comments or suggestions anonymously.

#### End of life care and support

- End of life care was provided by the service. Information was gathered about people's wishes at this important time where they wished to share this.
- Staff received training in end of life care and were supported by district nurses and other medical professionals where required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home was managed by an experienced registered manager. They were supported by care supervisors.
- Staff and relatives spoke highly of the registered manager. One relative told us, "The manager is lovely. If I ever need anything she's always there." Staff told us the manager was approachable and helpful.
- Staff told us morale was generally good, although said it was unsettling seeing the numbers of people using the service reduce.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us they trusted the registered manager who had an open and honest approach. There had been no formal concerns raised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear roles and responsibilities and staff knew what was expected of them.
- Governance systems were in place to monitor the quality and safety of the service. Audits were reviewed for patterns or trends.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views of people, relatives and staff were sought on a regular basis and regular meetings were held and advertised in advance.

Continuous learning and improving care

- Regular meetings were held with people and relatives. A 'You said we did' board displayed action taken in response to suggestions made.
- The registered manager kept a monthly monitoring file which contained various checks and improvements carried out.

Working in partnership with others

- The service worked closely with partnership agencies but as they had moved from a community in which

they were well established due to a flood, links were continuing to be developed.

- The home supported students from the local high school with placements and visited a local nursery with people. There were also links with a local adult day care centre who helped maintain the gardens in the home.