Speciality Care (UK Lease Homes) Limited

Eden Court

Inspection report

Ghyllroyd Drive
Birkenshaw
Bradford
West Yorkshire
BD11 2ES

Tel: 01274652002
Website: www.craegmoor.co.uk

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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

The inspection of Eden Court took place on 12 December 2016 and was unannounced. The previous inspection in April 2015 had rated the home as requires improvement in all domains and there was a breach of the regulations in relation to staffing. During this inspection we checked to see if improvements had been made.

The home provides residential and nursing care for up to 40 people. Bedrooms are situated on both the ground and first floor with communal lounges and a dining room on the ground floor. During our inspection there were 36 people living in the home, 30 of whom required nursing care. Two bedrooms were being kept free due to a planned refurbishment programme.

There was a registered manager in post on the day of the inspection. 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.

People and relatives told us they felt safe and we saw evidence of appropriate care delivery, in line with people's needs. Risks were managed in the least restrictive manner, ensuring people were supported as needed but could also make choices about their care.

Staffing levels had improved since the previous inspection and people had their needs attended to promptly. Medicines were managed safely and were stored appropriately.

We found staff had all received supervision and training which enabled them to function well and a team identity was obvious.

The home was operating in line with the requirements of the Mental Capacity Act 2005 and its associated Deprivation of Liberty Safeguards. People were supported to make decisions as far as they were able, and for those who lacked capacity decisions were made according to those authorised to do so.

People were supported throughout the day with their nutritional needs and offered regular drinks. Where extra assistance was required this was delivered discretely and following recommendations from other health professionals such as the Speech and Language Therapy Team.

Staff were caring, showing they knew people well and treated everyone with a high degree of respect. Privacy was protected and staff operated with discretion.

Care records were person-centred and comprehensive providing staff with clear guidelines to enable them to support people safely and effectively.

Complaints were investigated in depth and learning from them shared with staff in their regular meetings and group supervisions.

We found the home was well run with a competent registered manager who had developed multiple systems of support and scrutiny to ensure care was delivered to the highest possible standard. The auditing system was robust and showed a responsive service which was keen to tackle any deficiencies swiftly and effectively.

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.

People told us they felt safe and staff demonstrated an understanding of how to recognise and respond to signs of abuse.

Staff actively supported people through good observations and were responsive to any concerns.

Medicines were administered and stored correctly.

Is the service effective?

Good

The service was effective.

Staff had received comprehensive training and support in their roles through regular supervision.

People were supported with their nutrition and hydration needs throughout the day and we observed mealtimes to be a sociable occasion.

The home adhered to the requirements of the Mental Capacity Act 2005 and people had access to health and social care professionals as needed.

Is the service caring?

Good

The service was caring.

Staff were attentive and empathetic, demonstrating positive examples of considerate and sensitive support to people.

People's consent was sought where needed and their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.
The home was supported by an activities co-ordinator who had established a good rapport with people which complemented

staff's input.

Care records were personalised with appropriate levels of detail.

Complaints were handled effectively with positive outcomes and compliments recorded.

Is the service well-led?

Good

The service was well led.

The home was welcoming and had a relaxed atmosphere. People spoke highly of the staff and managers, and staff also felt well supported.

We found evidence of a robust quality assurance process which identified issues that resulted in effective action plans.

The registered manager was keen to develop staff and promoted high standards of practice.

Eden Court

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 12 December 2016 and was unannounced. The inspection consisted of two adult social care inspectors and one 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.

We had not requested the provider to complete a Provider Information Return which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked information held by the local authority safeguarding and commissioning teams prior to the inspection.

We spoke with six people using the service and four of their relatives. We spoke with eight staff including one care worker, one senior care worker, one nurse, two members of the kitchen staff, the activity co-ordinator, the regional director and the registered manager.

We looked at four care records including risk assessments, three staff records, supervision records, minutes of staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe. One person said "I feel very safe because the staff are nice people, they look after me and are very considerate especially when needs are greatest." Another person told us "I feel safe; I wouldn't like to live anywhere else." A further person told us "I have never felt as safe anywhere else. I feel at home with the staff and they are on your side".

Relatives we spoke with were also of the same opinion. One relative who told us "The place is terrific, first class. My relation is very safe and well looked after. Employees do a job but staff here have a marked caring element". They also said staff considered their needs as well and acknowledged when they were under stress. Another relative said "My relation is safe because staff are excellent and keep a close eye on everyone."

We asked staff how they would identify signs of abuse. One said "It could be a lack of call buzzers, not able to reach their drink, verbal abuse or neglect." Staff knew it was important to document any such concerns and bring them to the attention of more senior staff; "I would raise any such concerns immediately." A different staff member told us "It could be mental, financial or institutional abuse, or unexplained bruising." Again, they were clear they would report this immediately and told us they were confident appropriate action would be taken. This staff member was also aware of the whistleblowing helpline which was confidential if they had any problems.

We found appropriate records relating to safeguarding concerns and a monthly analysis of any such concerns. In each situation we saw evidence of referrals to the local authority, internal investigations which included copies of all the relevant records showing what care had been delivered and statements from staff where applicable and actions arising from such situations. These included further staff training and supervision, amended risk assessments and care plans and increased monitoring in specific instances.

We saw people had appropriate equipment in their rooms such as profiling beds and crash mats to minimise the risk of harm if they rolled out of bed where it had been agreed that bed rails were not suitable. Where people had pressure relieving mattresses their care notes recorded the correct setting for the bed according to their weight, and details of the sling to be used when transferring people using a hoist.

We found people had personal emergency evacuation plans to assist staff if they needed to move people quickly. These were reviewed on a monthly basis to ensure information was current.

Risk assessments were in place for all areas of care as needed such as moving and handling, bed rails and falls. They were detailed outlining the procedure for staff such as "ensure the straps are not crossed under the legs causing irritation" when using a hoist sling, and repositioning guidance was also noted for staff if someone was nursed in bed. However, not all the details of how the slings were to be used were recorded on the risk assessments or care plans even though all staff we spoke with were able to tell us. These details were recorded, however, in people's own care files where the sling serial number was noted. Each staff member was aware of the risk to one person of them leaning forward in the hoist if specific loops were not

used.

The use of bed rails was audited on a monthly basis for people ensuring they were still needed and the most appropriate piece of equipment to use. One staff member said "The company policy is to have low beds and crash mats rather than bed rails." People needing assistance with food and fluids also had detailed risk assessments in place such detailing the consistency required and the method of supporting such as "fluids from a teaspoon". We saw risk assessments in place for managing communication needs, mobility, bed rails, skin integrity, nutrition and infection.

We observed people being transferred safely via the use of a hoist and people were reassured at all times during the procedure. People's dignity was respected as their modesty was preserved by ensuring appropriate covering by clothing. One staff member told us "If a person has a fall we always check for any signs of pain or injury, and if necessary call 999. One person had a fall the other week and went to hospital as they had a head injury. They are now back with us and doing well." We did discuss with the registered manager the need for more detail around the use of other specialist equipment such as bathing aids to ensure all staff had the appropriate instructions for example, around the use of lap belts and arm rests.

We checked care records following falls and saw body maps were completed showing areas of possible injury and completed observation sheets for a minimum of 24 hours following a fall. We saw people's care plans were reviewed following such incidents to ensure the care being delivered was still appropriate and whether any other measures to limit the future likelihood should be considered.

The home had completed regular fire safety checks including evacuations and weekly fire drills. Actions identified on a risk assessment in September 2016 had all been addressed. The fire alarm was tested as planned every Monday and all safety checks were followed. All lifting equipment was checked as required under the LOLER (Lifting Operations and Lifting Equipment Regulations 1998) requirements as were the gas and electric safety checks for the premises.

All the people we spoke with said everything was fine with medication as did two of their relatives. One person told us they usually get their medication on time but "They are very busy people and they do their best for you, sometimes you have to wait." Another person told us "The meds are always done right." One relative we spoke with told us "The medicines are checked monthly and they are always on the button. My relative is on a lot of medication at different times." Another relative said "The meds are done correctly and medically they are looked after very well."

We looked at medication records and compared stock levels. We found all corresponded with the medicine administration record (MAR) and guidelines to assist staff when administering PRN (as required) medication were detailed; they indicated when, why and maximum dosage a person could have. People needing time specific medication had received this at the correct time and no one was receiving covert medication. Medicine was stored in an organised manner under each person's name including all supplements which were administered by nursing staff. Controlled drugs stock levels also corresponded with records which were completed in full, and audited on a weekly basis. All controlled drugs were administered with two staff to minimise the risk of errors.

People who required topical medication had the necessary records in their room which included a body map identifying where any creams should be applied. Records were up to date and this was also the case for any PRN (as required) topical medication where staff were given clear direction as to when and how to apply. One staff member told us about these and the importance of the body map to give direction as to where to apply the cream. We saw all staff who administered medication were subject to annual

competency checks to ensure they were still suitable to perform this task. The checks comprised a detailed checklist based on observations of practice which were signed and dated by and the registered manager. Where issues were noted we saw further training and checks were conducted to ensure competency.

We found fridge and room temperatures were checked and recorded to ensure medicines were stored correctly. Medicine in the fridge had the dates of opening noted to ensure they were not used by their expiry date. All staff administering medication shadowed a colleague and had their competency checked by a senior member of staff before being allowed to administer on their own.

We spoke with people living at Eden Court who told us there were usually enough staff. One person told us "Sometimes you have to wait a long time if you want to go to the toilet." However, a relative said "Carers are there within minutes if needed." Another relative felt there needed to be domestic staff on duty at weekends although acknowledged there were enough care staff. Another relative told us "There is usually enough staff on duty." We observed one person who was in pain being responded to very quickly and another person who was not feeling well being monitored every ten minutes and the GP being called out. We did not see any adverse impact on people during the inspection in relation to call waiting times.

One staff member said "There are times when we are short of staff but when all staff are in it is OK. If staff ring in sick we contact the manager or on call, and agency are provided if necessary but we prefer not to." Another staff member told us "Staff are settled. We could do with more bank staff and I think this is being arranged. I have no worries regarding staffing levels but you can never have too many!" We saw the activity co-ordinator was serving breakfast but this had been a specific decision as the main meal was served for people in the evening and so the chef had changed their hours to accommodate this. Staff told us this had proved better for people as they were eating more and the gap between their larger meal and breakfast was less.

The registered manager told us the home used a dependency tool to assess staffing levels. This was partly based on home occupancy levels and people's needs. Ratios increased during the morning and remained consistent whether a weekend or weekday. The registered manager also said agency nurses were rarely used over night; they would cover the shift themselves if needed. We asked about sickness levels and the registered manager showed us evidence of a significant drop as staff were closely monitored, offered better support and performance issues were tackled where required.

We checked staff recruitment files and found all necessary checks had been conducted prior to employment. Interview notes were within staff files and showed in depth questions and role play scenarios to ensure staff recruited had the right aptitude for the post. References were requested and identity checks carried out including DBS (Disclosure and Barring Service) Checks. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Accident and incident logs were all completed in detail with an outline of the event and an overview of each month which considered the time of the incident and if a person had had more than one incident. The registered manager told us about a few frequent events for one individual which had been linked to an infection they had had. Where this had been noted actions were taken to reduce the likelihood of further events such as alternative equipment or increased monitoring if a person was at risk of falls.

We observed Eden Court was clean and tidy and the people living there whom we spoke to told us they were happy with the cleanliness. One person we spoke with told us "They are very good with the gloves and handwashing." Two other people told us the place is 'spotless' and a further person said "Hygiene is good and I am entirely happy with the level of attention given to handwashing". Relatives also echoed this view.

One told us "The place is spotless and I am very confident about hygiene levels here" and another said "It's a first class environment, no urine smell and there is a good level of hygiene."

We observed staff using different colour mops and cleaning cloths according to what they were cleaning which all helped to minimise the risk of infection. There was also a well-equipped trolley containing personal protective equipment for staff such as aprons and gloves.

Good

Is the service effective?

Our findings

All the people we spoke with told us they thought staff were trained well enough to do their jobs. One person told us "They are trained well, just busy" and another said "Staff know what they are doing and are very polite". This view was reflected in comments by relatives. One relative we spoke with told us "Staff are trained well, they use the hoist correctly and there are always two of them to move my relative". Another relative we spoke with whose relation had been at Eden Court for 18 months told us "Staff are well trained. The same nursing staff have been here from the beginning and they are very well trained and provide good ongoing care, giving my relative the best quality of life as is possible."

Staff told us they had received an induction. A newer member of the domestic staff said "I had a four day induction which covered cleaning, laundry and the kitchen. I was given a staff handbook." They continued "I have completed health and safety, fire, safeguarding, food hygiene and infection control as part of my e-learning." Another member of staff said "All new staff are allocated to a senior care worker to shadow. We prompt and show them, interact with the person receiving care and help build a relationship." They also said moving and handling training was provided soon after staff started as two of the current staff were moving and handling trainers.

We saw evidence of a thorough induction. Staff were given a basic overview of key policies and procedures, then more specific information regarding the principle areas of care delivery such as infection control, pressure area care, dementia and equipment. This was followed by observations of their performance in key tasks such as assisting a person with personal hygiene, altering a person's position and supporting a person with eating and drinking. Staff's knowledge was also assessed in regards to medication administration with a discussion around the application of different topical medications and responsibilities in regards to this. This showed the service was keen to ensure staff had not just received training but were confident in their use of this training and knowledge.

One staff member said "We have regular supervisions and meetings. The supervisions are themed, focusing on areas we need to concentrate on." Supervisions were divided between group and individual sessions, thus ensuring a balance of personal reflection on performance and consistency of information sharing. Topics covered included infection control, whistleblowing and safeguarding procedures. The information shared was very detailed ensuring all staff had information that was useful. Another staff member told us "I do yearly training updates, some are every three years. I have had training in infection control, safeguarding, mental health and mental capacity. My moving and handling training was practical." We saw all necessary checks around staff's competence were in place such revalidation checks with the NMC (Nursing and Midwifery Council). Staff had also received annual appraisals ensuring their performance was monitored and they had the opportunity to develop their skills. Training records reflected staff had received all necessary training and refreshers as required.

People living at Eden Court were happy with food which was hot and there was plenty of variety. One person we spoke with told us "The food is good and they always offer me an alternative if I don't like the hot meal". Another person told us they liked the food and that staff "Know I like jelly and the chef is good". People told

us, and we observed, snacks and drinks were available all day. One person we spoke with told us "They made me a currant teacake because I asked them to."

Again, relatives we spoke with echoed the positive comments. One relative told us "Food is okay, calorie rich and up to now my relative has eaten well. There is a first class choice". Another relative said "The food is brilliant. My relative eats well, has big meals and has put on weight and has snacks when they want." The chef advised us people chose their meal at the time it was being served rather than in advance and they had access to a list of all the specific dietary requirements for people in the home such as consistency of food and whether they needed fortified food to aid weight gain.

We observed people being supported during the day with eating and drinking as required. People had the choice of a full range of breakfast options including porridge and a cooked breakfast. This was provided in the dining room which was nicely set out with wine glasses for water and well- presented tables. Snacks were available for people if they requested them such as fruit, cake and crisps and drinks were accessible in jugs in the communal areas. One staff member said smoothies were sometimes offered.

Staff were patient and explained what they were doing where it was evident people needed this support. We observed one person being supported with a teaspoon to eat their meal, and we checked their care record later which recorded this was the correct implement to use. Although people were asked their preferences as to the meal they did not always have the choice of the different components such as sauce or types of potato. We spoke with the registered manager about this and they agreed to consider how to further enable people to serve food themselves where ever possible. Where people had specific dietary needs, such as pureed food to reduce the likelihood of choking, this was provided and recorded on their care records along with any required thickener for their drinks. People had individualised fluid targets based on their weight and these were totalled as the day progressed to ensure they were being met.

People were weighed on a minimum of a monthly basis and this was monitored to ensure appropriate nutritional intake was being received. If people required a pureed diet we saw associated choking risk assessments in place to minimise the likelihood of harm along with the guidance issued from the Speech and Language Therapy Team.

On the notice board in reception we saw the minutes of the 'food forum' meetings which were held monthly. The meeting held on 22 November 2016 was attended by 20 people in addition to the chef and activity coordinator where plans for weekly menus and suggested improvements to the menus were discussed. We saw in the August minutes people's favourable response to the newly planned menus.

The tables were set nicely in the dining room with condiments and cutlery including soup and dessert spoons. People were offered a choice of seat and drink as soon as they came into the dining room. Jugs of juice were shown at each table so people could make a choice. One person, having finished their soup, indicated they did not want anything else but the cook prompted them asking if they would like some sandwiches or fishcakes. They chose the former and a selection was brought. Another person chose fishcakes and chips and was brought ketchup, salt and vinegar. Staff spoke with people throughout the meal as necessary, bending down to talk face to face to people.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw evidence in people's care records of mental capacity assessments which provided evidence of which decision they were considering such as the provision of bed rails or assistance with medication administration, and their responses to them. There were corresponding best interest decisions made by all relevant personnel in line with the requirements of the MCA. It was also made clear where family had been involved but did have not the authority to make decisions on people's behalf as they did not have lasting power of attorney. These decisions were reviewed on a monthly basis to ensure they were still valid. We found DoLS had been applied for where necessary and those which had been authorised had conditions included in people's care plans to ensure compliance.

One person told us "They ask me before they do things; [Name] asked me this morning." In one person's file it was noted they had capacity but sometimes made unwise decisions. This showed the home had a good understanding of the MCA and the presumption of capacity unless proven otherwise. We heard a conversation between one person and a staff member where the latter had said the person was due to be weighed today. The person asked if it could be done the next day as they were going out and wanted to get ready. The staff member agreed and noted this on their records.

We asked staff their understanding and one told us "it is about if people can make a decision themselves. We always ask people their permission before we do anything and show choices, such as different clothes for them to wear." Another told us they used picture cards to help someone make choices who was unable to verbalise. This showed the home was adhering to one of the key principles of enabling communication as much as possible.

Staff were able to explain what constituted effective pressure care. One staff member said "Being nursed in bed helps with pressure relief. We assist people to move position from side to side, hoist them and elevate their heels to minimise the risk."

We saw, and staff told us, prior to the start of each shift there was a handover from the previous staff. Handover sheets contained key information about each person including a medical history summary, which charts needed completing - for example nutrition, positioning – and their method of mobility. Any other pertinent information for that person was recorded as well such as if a GP had visited or someone was not well and needed extra monitoring. Where people needed to be offered a bath or shower this was noted, and evidence showed this had been completed for the people whose records we looked at. One staff member said "The senior carer has you an allocation sheet and tells you where you are working."

People told us the response to medical situations was very good and several stated that if there were any problems the doctor was called 'straight away' or 'very quickly'. One person we spoke with told us "If I need a doctor I use my call bell. I once called for more meds and had diarrhoea and the doctor came out". Another person said "If I am poorly they will give me an injection for my nausea." One relative explained their relation had a particular condition but the home was very aware and responded promptly when needed. We saw people accessed external health and social care support services as needed such as opticians, chiropody services and speech and language services for support with swallowing difficulties.

The corridors at Eden Court were roomy and bright with dementia friendly pictures/ photos. The bedrooms

we saw were nicely decorated, personalised and of good size. The home was decorated in readiness for Christmas and odour free. People's rooms had their name and photograph on their door and easy access to call bells which were working. The communal areas were clean and people had access to the outside from the conservatory.

Good

Is the service caring?

Our findings

All the people we spoke to at Eden Court told us the staff were caring. They felt listened to, treated with dignity and respect and that they mattered. One person we spoke with told us "I get good treatment, especially from the night staff. I don't have to press my buzzer, they just come". Another person said "It's a very nice crowd, very homely. They look after us well, are full of jokes, keep things light."

One relative we spoke with said staff were very kind and compassionate. They told us they had observed how staff look after people living at Eden Court (they visited daily). They said "Staff here handle challenging situations very well, are very observant and are proactive in preventing some people from bullying other people." Another relative we spoke with told us "I cannot fault the staff; they do a very good job."

We observed staff being warm and considerate in their approach, and care interactions were caring, kind and person centred. There was a friendly atmosphere between all staff and people and we observed good banter and rapport. People were always acknowledged by staff, even when not directly being supported. One of the newer members of staff said "The people are lovely. I am quite impressed with the staff – the way they handle people and how they talk to people." During a conversation between a staff member and one of the inspectors, a person came into the lounge, were immediately acknowledged by name by the member of staff and pleasantries were exchanged. During the lunch time one person indicated they were cold and a staff member brought a cardigan for them. Another person was stood in the doorway and staff asked if they could pass politely.

We overheard a conversation between one person and their carer discussing the recent TV coverage and the staff member joked with the person how their predictions for the winner had come true. Just before the staff member left the room they asked the person if they were warm enough to which they replied they were. This showed staff paid attention to people's views and thoughts, and focused on their individual interests.

At lunchtime we observed one person waiting for transport to attend a dentist appointment. They were sitting in a wheelchair with their coat on outside the lounge. A staff member came over to them and asked if they were comfortable and offered them a drink. This was brought to them along with a small side table to enable them to put their tea down. They were also offered some sandwiches while waiting as the staff member was concerned about the time the person would be away from the home. This showed thoughtfulness and consideration for this person's welfare.

We spoke to people who told us that staff respected their privacy. One told us "My privacy is respected and staff are very considerate regarding personal care. I depend on them for everything and they never make me feel uncomfortable." Another person told us "They respect me, treat me with dignity and check I am okay with things. They keep me clean and are sensitive when giving me personal care." A further person told us "If [name] takes me to the toilet I don't feel embarrassed because they're not embarrassed themselves" (this person was female and the staff member male).

Staff we spoke with also indicated the different measures they used to promote privacy. One staff member

said "I close doors and use the shower screen when showering someone. If people want to talk to me, I always ask if they want to go somewhere quiet to talk." They also were aware of people's preferences for gender of carer when receiving support with personal care tasks and this was honoured wherever possible. Another staff member said people were always asked if they wanted their bedroom doors left open and their views were recorded.

Dignity was encouraged by enabling people. One staff member said "We will give them the facecloth and encourage them to do what they can by themselves." Another staff member we spoke with said "It's the little things that are important, wearing clean glasses and having clean fingernails."

People had advanced decisions recorded in their file made with the appropriate lasting power of attorney if they lacked the capacity to make the decision themselves. People's views were recorded such as their preferred location and any specific cultural or religious rites they wished to be observed. The registered manager told us one person had access to an advocate for support with more complex decisions and reviews of their care needs.

Good

Is the service responsive?

Our findings

We asked people if they felt involved in the delivery and review of their care needs. One person we spoke with told us "The nurse explained what to expect, how you go on when things get worse, how things work and my care." One relative also said they had been involved in discussions around their relation's care needs and that "There are different activities going on everyday which made a difference." Another relative said "My relation's needs are responded to well."

We noted in people's rooms a brief overview care plan was recorded in a prominent place to aid staff to provide appropriate care. This was supported by more detailed documentation in a file in the room which included information about moving and handling, positional changes required and a monthly activity planner outlining all forthcoming events. The monthly planner also noted where the person had participated in specific activities. The file also contained completed food and fluid charts, personal hygiene daily checklist, equipment check and topical medication records where people had been prescribed creams. All the records we checked were completed in a timely manner reflecting the latest support offered to a person.

Care records were detailed and person-centred with a summary sheet and index to aid navigation around the file. Key information was recorded such as next of kin and religion along with the pre-admission assessment which provided further information about a person's preferences and wishes. People had care plans in place for nutrition, moving and handling, personal care tasks, psychological wellbeing, pain management, infection control, skin integrity and medication with other areas as needed. Each person had daily notes recording key events and care given during the day and these were always current.

We discussed specific people with care staff asking for key information about their care needs. Staff were able to tell us about people's decision-making abilities and nutritional needs and requirements such as any special equipment. We checked these answers with the care records and found they tallied which showed staff had a sound understanding of important information and knew how to support people effectively.

Minutes from the monthly resident and relative meetings highlighted that work was being done around life histories and updating people's files. We found in-depth life histories in people's files. These helped staff understood important aspects of people's lives such as family and work history. It also stated that ten people have been involved in care reviews and more were planned for December. Relatives told us they visited when they wanted to and evidence of their visits were noted in people's care records.

One member of the nursing staff told us "I have eight designated service users that I update, review and evaluate on a monthly basis." This was known as 'resident of the day' where all documentation was checked for an individual to ensure it was still pertinent and reflected that person's needs. We saw evidence of regular care plan reviews with all relevant people such as the nursing staff, family and the person themselves. Evidence of specific discussions was recorded and actions followed up if needed.

We observed the 'daily sparkle' newspaper activity in the large lounge and a number of people were

involved in this. We spoke with the activity organiser who was new to the post. They had implemented a monthly activities calendar which included bingo, reminiscence cards, chair exercises, crafts, flower arranging, karaoke, baking and some individual activities such as hand massage, one to one chats and pamper sessions. Once a month there was a 'man's day' where some of the men were taken to the local pub and a 'lady's day' where some of the women are taken to the local cafe. The local vicar also visited once a month to conduct a church service. There was also evidence of pet therapy on a weekly basis as a dog was taken around the home especially to rooms of those who were in bed. Activities planned for December included a pantomime being performed at the home, a choir coming in to sing carols and a Christmas party (the first in eight years). We saw evidence of activities from the monthly calendar, photos on the lounge notice board and the activities file which we looked through for the whole of 2016. The new activity organiser planned to develop a sensory room.

People were not aware of a complaints procedure but most said there was nothing to complain about. However, people told us they would bring any concerns to the manager's attention if necessary. The complaints procedure was available in the reception area of the home. One person said "I have no reason to complain but would feel comfortable to do so; I would ask to see the nurse." One person did say they had raised a concern about having activities in the small lounge which they thought should be kept as a quiet room. As a consequence activities were confined to the large lounge. One relative also told us they would be happy to complain because 'they cannot put things right if you do not tell them' but had not had any cause to do so.

Complaints were logged as formal and informal, and all were investigated with a completion date recorded when the complaint/the investigation had been concluded. Most complaints were of a less serious nature such as missing items of clothing. Tallies were noted on an annual and monthly record, identifying if there were any key themes. We saw each complaint had an investigation log and complaints record. The findings of the investigation were sent to the complainant with an acknowledgement of the failings of the service where this had been proven. In one instance a person had complained that staff did not wear name badges but these had all subsequently been provided.

We saw evidence of many compliments including comments such as "Thank you for all the care and respect", "We really appreciate all the care and kindness you have shown" and "You have made a very difficult time much easier to cope with." One compliment from July 2016 said "The level of care was above and beyond any expectation. The compassion shown by all was amazing." Another from August 2016 said "Staff truly care about each resident and take time getting to know them. They are simply fantastic."

Good

Is the service well-led?

Our findings

One person did not know the manager but told us the home was well run and very clean and tidy. They also told us "You have more freedom here than at home. You are totally secure here." The other five people we spoke with all knew the registered manager. One person who preferred to stay in their room told us the manager pops in to see them and "people are very caring and respectful of your feelings". Another person we spoke with told us the manager would do everything they can for you: "shifts furniture, comes and helps and is really, really good." A further person told us, "The place is well managed because it's very good, they look after you and do the very best they can." All the people we spoke with would recommend the home.

We spoke with one relative who told us the home was well managed. They attended the relatives and residents' meetings which they thought worked well. They had also completed a survey recently. They also told us they had recommended the home and as a consequence three people had come to live at Eden Court. They told us the home had a 'good ambience'. Another relative we spoke with told us they would recommend the home because "It is well run, nice and bright, food is good and there are plenty of activities, people are not just 'vegetating'." They felt "You could not get a better place than here."

Staff had positive comments about the home. One said "I am enjoying my role." Another member of staff told us "You have good and bad days, but you always have the support of your colleagues." The general consensus was that there was a feeling of stability and effective leadership for staff which helped promote their job satisfaction. One staff member said "Everything gets done properly now. Now we are being consistent and we know what we are doing. The manager has turned it around." A further staff member told us "It's really good here at the moment. The atmosphere is much more positive than it has been for a number of years. The manager is very approachable and will listen to you."

We observed the registered manager addressing people by their names and interacting in a relaxed, friendly fashion. One staff member said "The registered manager is very nice. Staff meeting dates are advertised and there is one coming up." Another said "The deputy is very supportive. The manager is good at managing, prioritising. They are very approachable and I can talk to them. They want things to be right. We have a good team here – we support each other."

People living at Eden Court were invited to give regular feedback through monthly residents and relatives' meetings - fourteen people attended in November and discussion points included the previous inspection report and how issues regarding infection control were being dealt with. Minutes from the meeting included an apology for the infection outbreak in November and an explanation that a deep clean was carried out. There were feedback forms on display in reception asking 'How was your day?' which could be filled in by people and relatives. There were also feedback forms in the dining room asking 'How was your meal'?

In the reception area of the home people had access to minutes of previous meetings and notices of forthcoming meetings such as a further food forum on 27 December and residents' meeting on 29 December. The previous inspection ratings were also on display as required under the Health and Social Care Regulations.

People had been asked their opinion of the home in a survey sent out in late November 2016. The results were still being analysed at the time of the inspection but most comments we read were positive.

One staff member told us "Staff meetings are held monthly and minutes are available on the staff noticeboard." We saw an organised meetings folder with a monthly planner showing dates of planned meetings. There were minutes of each meeting with attendees, agenda and action points required assigned to specific staff members to be completed within a defined timeframe. We saw evidence of weekly departmental head meetings, monthly governance and quality meetings, staff meetings for both day and night staff, monthly resident meetings and quarterly relatives' meetings. People's comments were recorded such as people asking for a gravy boat to enable them to put their own gravy on and whether the trial of the main meal at evening time could continue. Staff meetings discussed changes in personnel, any proposals for changes in the home, polices and training needs.

It was evident from the minutes we saw the registered manager was attending relevant outside meetings such as with the local Clinical Commissioning Group and provider forums for local authorities. Meeting with people from outside of the home ensured the registered manager was keeping abreast of wider changes in the local health and social care remit. They also had support from the Operations Director every three months and the Regional Director on a monthly basis. They said these visits were always unannounced to ensure the home was seen as it usually operated. The Regional Director visits included interviews with people in the service to ensure they were happy with the care being received and other observations around the home.

The registered manager had an ambition for the home to specialise in end of life provision and was developing close links with the local hospice. They had arrived at this idea due to the need in the local area. We asked them what they felt the values of the home were and they told us "to offer a person-centred approach, family ambience and a normal home atmosphere." They said their drive was to ensure people did not go into hospital unless this was their wish or circumstances left not alternative.

We found all equipment had been serviced as required and one toilet seat which we noted had slipped was promptly readjusted at our request.

We looked in the quality assurance file which was very comprehensive. Weekly audits were conducted of the whole home including the grounds and reception area, communal areas and bedrooms. Any areas that needed action were noted and remedial work undertaken such as redecoration. In addition there were monthly audits for health and safety, medication, care plans, nutrition, infection control, accidents, falls, safeguarding, skin integrity and dining experiences.

The medication audit looked at whether all discharge notes had been checked when people returned from hospital, whether new people had received GP medication reviews and there was also scrutiny of MAR sheets to ensure correct completion. Issues such as the use of correction fluid on the MAR was noted and the staff member advised this was not acceptable. The nutritional audit identified any people at risk and measures were then taken to reduce these concerns such as implementing a fortified diet and referral to the dietician.

Care plan audits checked the whole file and considered the admission information, consent, life history, all care plans, risk assessments, incidents of falls and a person's wellbeing. Records were also checked to ensure all professional visits were logged and any action taken if necessary following these, daily notes were completed in depth and reviews with the key people had been undertaken. The mattress audit provided direction for staff to follow to ensure this was thorough such as the depth of hand compression and

evidence of water penetration. Responsibilities for completion of the audits were shared amongst the senior staff which showed the registered manager was keen to empower their staff and also reflected they had confidence in their abilities.

We asked the registered manager how learning was shared with staff to ensure good quality practice. They told us "I hold a staff meeting every month where I provide an overview of the situation and I also discuss with all senior staff so they can cascade to all the carers." They also told us regular governance meetings were held where all main issues were considered and 'flash' meetings were held as necessary to ensure any urgent dissemination of information. The registered manager had also conducted a recent night-time inspection on 24 November 2016 to check staffing levels and performance of staff. No issues were found with either staff or the security of the building.

We asked the registered manager how they knew the service was offering good quality care. One of these indicators was the low number of complaints received and also the significant drop in sickness levels amongst staff ensuring continuity of care for people. They explained a number of measures were in place to assess good practice such as their daily walk-arounds where they tackled staff immediately if they saw anything of concern, the comprehensive auditing system which looked at each area of provision in detail and generated action plans as necessary and feedback from supervisions with staff. These conversations helped shape future learning for staff and helped to share any problems and address them promptly.