

Helen McArdle Care Limited

Eden House

Inspection report

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Date of inspection visit: 1& 2 June 2015

Date of publication: 18/08/2015

Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Outstanding



Is the service caring?

Outstanding



Is the service responsive?

Outstanding



Is the service well-led?

Outstanding



Overall summary

This was the first comprehensive inspection carried out at Eden House since the home was registered by CQC in October 2013.

Eden House provides care for up to 53 older people. Nursing care is not provided. The home has a residential unit on the ground floor for 27 people and a dementia care unit on the first floor for 26 people.

We saw very spacious communal areas comprising of several smaller lounges and dining areas.

All bedrooms had en-suite facilities. All areas throughout the home including, bathroom and WCs had been designed to accommodate people's health, physical and wellbeing needs. For example,

24 hour free internet access, computers in the library and a direct dial telephone in every room.

There was also an integrated music system in every room including the bathrooms. All furniture and fittings were highly attractive and designed to a very high standard. People had easy access to very attractive landscaped gardens with walkways and seating. Many bedrooms on

Summary of findings

the ground floor had direct access to the gardens. We found the provider had considered the design of the building and put arrangements in place to ensure the premises met people's needs. People described the home as, "Absolutely luxurious, "Five star hotel" and, "I never thought I would live in a place like this, it's so beautiful." This meant the provider had put in place facilities to support and improve the quality of life for people living in the home. When we inspected the dementia care unit, we saw that a tremendous amount of work and effort had taken place since the unit opened to create a dementia friendly environment

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.' We found the service to be extremely well led.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out robust checks when they employed staff. We found staff treated people with dignity, respect, kindness and compassion. People had contributed to how the service was managed and some were involved in the recruitment of staff.

We saw evidence that thorough investigations had been carried out in response to safeguarding incidents or allegations and these had also been reported to CQC by the provider.

We saw a copy of the provider's complaints policy and procedure and saw that complaints had been fully investigated with a written response to the complainant.

We saw comprehensive medication audits were carried out regularly by the management team.

Training records were up to date and staff received regular supervisions, appraisals and a personal development plan was also completed, which meant that staff were properly supported to provide care to people who used the service. The provider opened its own training academy in January 2015 for internal and external courses; it has a training kitchen and a bedroom

for hands on training and had multimedia facilities for staff to use. The academy is overseen by a training manager. Staff at Eden House told us the training facilities within the academy were excellent.

We saw staff supporting people in the dining rooms at lunch and a variety of choices of food and drinks were being offered. We found the provider had implemented innovative pureed food techniques based on research and success within the organisation since December 2014. People told us this had made a big difference to their lives, they told us the meals tasted better and were very well presented.

We saw evidence that the service had sustained outstanding practice, development and improvement since the home opened. We saw leadership in the service worked towards, and had achieved outstanding practices to provide a quality service that contributed to the development of best practice for people who used the service. Staff told us they had encompassed these changes and new ideas that had been introduced by the provider such as new techniques for pureed foods, oral care and with the opening of the new training academy. Staff recognised the importance of new concepts of care and these had motivated them to aim for continuous improvement.

All of the care records we looked at contained care plan agreement forms, which had been signed by the person who used the service or a family member.

The home was clean, spacious and suitably adapted for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following legal requirements in the DoLS.

People who used the service, and family members, were extremely complimentary about the standard of care provided. They told us they and their family member were involved in all decisions about the care, treatment and support they received.

Summary of findings

We saw staff supporting and helping to maintain people's independence. We saw staff treated people with dignity, compassion and respect and people were encouraged to remain as independent as possible.

We saw that the home had a full programme of activities in place for people who used the service, including meaningful activities for people living with dementia. We saw people were encouraged and supported to remain involved in community life.

All the care records we looked at showed people's needs were assessed before they moved into the home and we

saw care plans were written in a person centred way and people using the service were consulted and included in decisions about all aspects of their care. People confirmed their wishes and preferences were respected.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources including people who used the service and their family and friends. We saw the provider strived through feedback to sustain continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The registered provider had systems in place to manage risks safely, safeguarding matters, staff recruitment and medication and this ensured people's safety.

We saw the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

The home had effective infection control procedures in place, with regard to the code of practice for health and social care and related guidance.

Good



Is the service effective?

The service was very effective.

People's nutritional needs were assessed/monitored to identify any risks associated with nutrition and hydration. Very new and creative methods were used for people who required a pureed diet. People told us the pureed meals had made a big difference to their lives.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. People's best interests were managed appropriately under the Mental Capacity Act (2005).

People were involved in the assessment of their needs and had consented to their care, treatment and support needs.

We found staff were well supported through training and development and had the right skills and knowledge to meet people's assessed needs.

Outstanding



Is the service caring?

The service was very caring.

There were robust safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights. Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

People told us they were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

People had access to advocacy services. This enabled others who knew them well to speak up on their behalf.

Outstanding



Is the service responsive?

The service was very responsive.

People, and their representative's, were actively encouraged to make their views known about their care, treatment and support needs. They were encouraged to be involved in decisions which affected them.

Outstanding



Summary of findings

People could see who they wanted and when. People were very well supported to maintain relationships with their friends and relatives.

People told us they felt very confident to express any concerns or complaints about the service they received.

Is the service well-led?

The service was very well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. There was a well-defined emphasis on fairness, support and transparency and an open culture.

The management team had very robust and effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

The service worked in partnership with key organisations, including specialist health and social care professionals.

Outstanding



Eden House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

The inspection was unannounced. This meant the provider or staff did not know about our inspection visit.

We visited the service on 1 and 2 June 2015. The members of the inspection team consisted of an Adult Social Care Inspector and a Specialist Advisor who specialised in dementia care.

We spent time observing people in various areas of the service including the dining room and lounge areas.

We were shown around the premises and saw people's bedrooms, bathrooms, and the laundry room, kitchen and living and dining areas.

On the day we visited we spoke with 16 people who were using the service. We also spoke with nine relatives and eight members of care staff plus the operations manager, registered manager, the managing director, the head of housekeeping and the catering director. We also spent time

looking at records, which included people's care records, and records relating to the management of the home. During our inspection we observed how the staff interacted with people who used the service. We looked at how people on the dementia care unit were supported during planned activities by using our Short Observational Framework for Inspection (SOFI). We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether they had positive experiences

During the inspection visit we reviewed six people's care plans, four staff training and recruitment files, a selection of the home's policies and procedures and infection control records. Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the Care Quality Commission. We also spoke with the local safeguarding team, commissioners and Healthwatch who helps people and their representatives to get the best out of health and social care services in County Durham. who were involved in the care of people living at the home, no concerns were raised by these organisations.

Before the inspection, the provider completed and submitted 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.

Is the service safe?

Our findings

Everyone we spoke with confirmed they felt safe living at Eden House. One person said, “I feel very safe living here, I have confidence in all the staff.” Another told us, “I never really wanted to come into a care home, but my fears were soon abated. All the staff are good at what they do and I feel secure and safe.” All visitors we spoke with said they felt their relatives were safely looked after at Eden House. One said, “They have very good security here with surveillance cameras outside and I consider my relative to be very safe living here.” Another said, “All the residents have a choice of using a personal pendent that they can wear around their neck. This means they can summon assistance at any time.” We saw the majority of people had taken up this offer and they told us having one made them feel safer.

Detailed policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff had received training in safeguarding adults and this was regularly updated, so that they were kept up to date with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected.

All the staff we spoke with had a good understanding of the correct reporting procedure. The staff we spoke with said they this had helped them to develop their underpinning knowledge of abuse fully. Staff were able to tell us about the provider’s whistleblowing policy and how to use it and they were confident that any reports of abuse would be acted upon appropriately. Staff were aware of their responsibilities, they were able to describe to us the different types of abuse and what might indicate that abuse was taking place. We saw records which showed us that staff were trained in safeguarding as part of their essential training and that there was a detailed safeguarding policy in place which guided staff on any action that needed to be taken. The registered manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

We saw robust recruitment and selection processes were in place. We looked at the files for four of the most recent staff to be employed and found that appropriate checks were undertaken before they commenced work. The staff files

included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of their identity had also been obtained. As part of the staff recruitment process, people who used the service assisted the manager to select candidates for interview. During the interview process, candidates were always introduced to all people who lived there, and people’s views were always considered before selecting any new staff. One person who used the service confirmed this happened. They said, “Being consulted with important matters shows me that our views are listened to and taken into account.”

Most people who lived at the home felt there were adequate numbers of staff to meet their needs.

During our inspection we saw there were sufficient staff to support people in the different areas of the home. A member of staff was always present in the communal areas. We noted call bells were answered quickly and people did not have to wait long periods of time for assistance to be provided. Staff were very pleasant and were visible to people who used the service at all times. When we spoke with people, they told us they never had to wait for assistance. One person said, “If you need support they are there in a flash.” Staff we spoke with told us there was enough staff on duty to meet people’s needs. In an emergency, bank staff were called in to cover staff shortages, due to holidays or illness.

The head of housekeeping described the wide range of environmental risk assessments that had been conducted, supported by detailed action plans, which included both the internal and external areas of the home. These identified specific hazards and control measures, which had been put in place to minimise the potential risk factors such as accidents and incidents. Records were available of medical device alerts (alerts sent to care providers about safety issues with equipment) and action taken to identify if any of this equipment was in use at the home. We saw the registered manager monitored and analysed all accidents and incidents and reported these each week to the provider’s health and safety team.

A fire safety policy and procedure was in place, which clearly outlined action that should be taken in the event of a fire. An assessment had also been devised, which was reviewed annually and which showed fire precautions implemented to reduce the element of risk. We saw regular

Is the service safe?

fire alarm tests were conducted. This was done in a controlled manner and people were made aware of the planned test prior to the alarm being activated. Records showed this was performed weekly, to ensure the fire alarm system was fully operational and therefore people were protected against risks associated with fire. In addition, we saw up to date personal emergency evacuation plans (PEEPs) were in place for people who used the service. These included important information about the person and information for staff and emergency services on how to assist each person safely and the assistance required for each individual. The registered manager demonstrated how these were up-dated weekly and a copy then submitted to head office each week.

All medicines were stored on both floors in designated storage rooms which were temperature controlled by air conditioning.

Staff members we spoke with in relation to the management of medicines told us they were well supported by the supplying pharmacist. Records showed that all Medication Administration Records (MARs) were audited each week. We were told that two members of staff, who had completed medication training, were on duty each shift.

The application of prescribed topical creams/ointments was clearly recorded on a body map, showing the area affected and the type prescribed. Records were signed appropriately indicating the medicines had been applied at the correct times.

Information about the management of medicines was easily accessible by staff and relevant guidance was available to outline safe dosages and to help in recognising any adverse side effects. Medicines were stored safely and hand-washing facilities were available for staff.

Where controlled drugs had been prescribed, these were checked and administered by two members of staff.

A current list of staff signatures were retained with the Medication Administration Records (MARs). This helped to identify the signatures of those assessed as being competent to administer medicines.

The provider had an infection control champion and staff we spoke with confirmed they had received infection control training and they were aware of steps to take in order to reduce the possibility of cross infection, which followed current legislation and good practice guidelines. We found all areas of the home to be clean. Other staff had a good understanding of their roles and responsibilities in relation to infection control. We saw a good supply of disposable gloves, aprons and secure storage for cleaning agents.



Is the service effective?

Our findings

People we spoke with told us they trusted the staff supporting them and felt they were well trained. One person told us when speaking about the staff, “Oh they are so very good. They really do know what they are doing. I never have to ask them about what I want – They just know.” Another said, “I think the staff are very skilled and experienced.” Evidence was available to demonstrate communication between relatives and the home was well established and outcomes of conversations and meetings were effective.

Records and certificates of training showed that a wide range of learning modules were provided for all staff. These included areas such as ‘living the values’, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), diversity and inclusion, fire awareness, first aid, food hygiene, moving and handling, infection control, safeguarding adults and health and safety. Staff had also completed additional learning in relation to the specific needs of those who lived at the home. For example, dementia awareness and end of life care were topics built into training programmes. The staff we spoke with were extremely positive and enthusiastic. It was evident that the company considered training for staff to be an important aspect of their personal development programmes. In addition, the provider opened its own training academy in January 2015. The academy is based in Gateshead with training rooms, for internal and external courses, it also has a training kitchen and a bedroom for hands on training and had multimedia facilities for staff to use. The academy is overseen by a training manager. Staff at Eden House told us the training facilities within the academy were excellent. The training records showed that all new staff had undertaken a 12 week induction training programme. This meant the provider had put in place facilities to improve the quality of staff training to deliver better care to people. The registered manager said she embraced and promoted these principles within the home and these were reflected in people’s care plans and review meetings.

We were told by the registered manager that the organisation worked in partnership with other organisations such as the Alzheimer’s Society to make sure they were training staff to follow best practice in relation to people living with dementia and where possible in order to contribute to the development of best practice. For

example, the use of implementing the quality standard for the mental wellbeing of older people (65 years and over). The quality standard used a broad definition of mental wellbeing, and included elements that are key to optimum functioning and promoting independence, such as life satisfaction, optimism, self-esteem, feeling in control, having a purpose in life, and a sense of belonging and support.

When we spoke with staff, they told us they received regular supervision, one to one staff development sessions to improve outcomes for people and an annual appraisal. Records that we looked at confirmed this. We spoke with an apprentice care worker, they told us they had received an excellent induction and on-going training with mentoring support from experienced staff, access to research and hands on training.

Eden House is purpose built, the home’s living accommodation is organised over two floors.

A third floor had a professional hairdressing salon, and a nail bar. The laundry and staff room are also located on this floor. We saw very spacious communal areas comprising of several smaller lounges and dining areas. All bedrooms had en-suite facilities. All areas throughout the home including, bathroom and WCs had been designed to accommodate people’s health, physical and wellbeing needs. For example, 24 hour free internet access, computers in the library and a direct dial telephone in every room. There was also an integrated music system in every room including the bathrooms. All furniture and fittings were highly attractive and designed to a very high standard. People had easy access to very attractive landscaped gardens with walkways and seating. Many bedrooms on the ground floor had direct access to the gardens. We found the provider had considered the design of the building and put arrangements in place to ensure the premises met people’s needs. When we spoke with people about the accommodation, comments included; “Absolutely luxurious, “Five star hotel” and, “I never thought I would live in a place like this, it’s so beautiful.” This meant the provider had put in place facilities to support and improve the quality of life for people living in the home.

When we inspected the dementia care unit, we saw that a tremendous amount of work and effort had taken place since the unit opened to create a dementia friendly environment. The registered manager said they had researched dementia friendly environments using



Is the service effective?

materials from the Alzheimer's Society and the National Institute for Health and Care Excellence (NICE) guidance. The operations manager told us how she had visited Sterling Universities virtual care home for people living with dementia and this would be used to continue to influence the continuing development and design of the unit. She said the provider had their own design team who were experts in dementia care. She said plans were in place to create themed zones within the unit that people living with dementia could relate to and these will be completed within the next two months. The unit had a mobile shop and library, there were rummage drawers, orientation boards, and easy read signs on bedroom doors. The registered manager said that each bedroom will have a memory box installed that will be personal to the occupant. Seating arrangements were in clusters and were relaxed and informal. We saw windows in the communal areas were floor to ceiling allowing lots of light in, all carpets were plain so as not to cause any trip hazards. We found the environment reflected the Department of Health guidelines, 'Dementia-friendly Health Social Care Environments' published in March 2015.

We saw people were relaxed and involved in activities, such as picture therapy, reminiscence, and object therapy. We observed many people taking part, there was lots of laughter and people were engaging positively. People looked relaxed in their environment and with their staff

The registered manager told us that some staff had completed training called 'The Hearts Process' creating peace, calm and tranquillity in supportive care settings. This involved using hands on, empathy, aromas, relaxation, textures and sound. This is a therapeutic approach to enhance relaxation, peace and well-being. She said it provided comfort to people when they became anxious and had proved beneficial for those that were unable to sleep; it was also used in the home during end of life care. Two people said they enjoyed these sessions and they found them soothing and relaxing. One person said, "I am sleeping better now."

The provider had dementia champions within the service who actively supported staff to make sure people experienced good healthcare and lead meaningful lives. They supported staff in developing their knowledge and communication skills to enable them to support people in a range of therapeutic techniques to promote their wellbeing.

During our observations we saw that staff communicated affectionately with people. Staff responded well to people who were living with dementia. They were patient, kind and compassionate and gave people time to make decisions for themselves. For example, during the lunch time meal people were shown three different meals and could choose which one they preferred.

We saw pictorial and large print menus were displayed in the dining rooms. We observed people eating their midday meal and saw they were offered various meal choices. If a meal was declined staff offered alternatives and encouraged people to eat. One person said they wanted something different and would like a cheese sandwich, within minutes this was provided. We saw a healthier option was always available. Meals were attractively presented and there was a relaxed and sociable atmosphere. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs. Everyone we spoke with said the meals were very good. We observed people coming and going throughout the day and food was made available as required. This showed that meal times were flexible. For some people, we saw they had finger food available between meals to make sure they had sufficient to eat. We saw that the provider had appointed a nutritional and dignity champion. The registered manager told us this worked well, she told us their role was to promote best practice, people's meal time experience and maintaining people's dignity.

We met with the cook, she knew every person's dietary preference. She kept a list of all those who required a special diet and she also kept an up-dated list of people's weight. She said this was important so she could monitor those people who required fortified drinks and meals that she prepared daily. She said she had received training in preparing a new technique used for pureed meals. The cook was very familiar about the food information regulations that came into force in December 2014. She kept a file listing all allergenic ingredients in the food used.

We reviewed people's individual care records, we found these contained, food and fluid intake charts, nutrition, hydration and swallowing assessments, likes and dislikes, allergies, risk assessments and weight management records. This meant there was a range of safeguards in place to promote people's dietary support needs.

We met with the provider's catering director, he explained that last year they had visited Germany to research a new



Is the service effective?

technique on pureed meals. The technique was called 'Pureed Food Innovation' and used in over 1,500 care homes in Europe and consisted of thickening gelling agents mixed with pureed food rather than starch based products currently used in the UK. This product allows food to be cooked and blended with liquid stock that could be fortified with cream, butter, sugar and seasoning, followed by adding the setting agent which was then poured into various food moulds to set and form pureed food that replicated various recipes such as; a chicken dinner with a variation of vegetables. The director had asked the cook to prepare a sample for us to see and taste. We were presented with a meal that consisted of sausage, carrots, red cabbage, parsnips and potato. All resembled and tasted like the real thing and could be eaten with a knife and fork rather than a spoon. He said that this had been a huge success and was now used in the entire providers care home's. Since December 2014 we saw that nine people at Eden House received pureed meals. Two people receiving a pureed diet told us they were very good and certainly looked and tasted like the real thing. Two community dieticians who had sampled the meals said they were very impressed, one said "This is a revolutionary approach to soft diets." Comments from people receiving pureed meals included; "excellent", "Good texture with a great flavour," This meant the provider had a strong emphasis on the importance of eating and drinking well and people despite their medical conditions, received meals which were visually attractive and tasted good. These innovative methods were used to encourage those who were reluctant or had difficulty in eating and contributed significantly to improving their health and wellbeing.

In addition, another product discovered during the visit to Germany, and now used throughout the organisation since December 2014 is called 'Air'. The product is used to help those who are nearing end of life care and also for those who had lost their appetite and were reluctant to eat. We were told this product has proved to be so successful it had replaced the use of cotton/sponge swabs for dry mouths and was used to refresh a person's mouth. For example, the product is added to any liquid such as mouthwash, pineapple and apple juice, an air pump used then creates bubbles. This is served from a spoon and refreshes the

mouth. We were told that research had shown that this can sometimes stimulate some people with loss of appetite to try food again. Again, we were asked to sample this, and it certainly left a clean refreshing taste in the mouth.

The registered manager and staff told us, since AIR had been introduced into the service it had proved to be a very dignified way of caring for people receiving end of life care and for those people with a loss of appetite. They said the technique was non-invasive easy to use and people had told them that they found it a very pleasing and pleasant experience.

All of this indicated that the provider kept up to date with new research, guidance and developments and had links with organisations that promoted and guided best practice and used this to train staff and help drive improvement.

The catering director told us they had arranged an open day on 30 June 2015 at Eden House and had invited health and social care professionals to visit the and sample the pureed meals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager. We were told that 18 applications had been submitted and nine had been authorised, with nine still pending. We saw evidence of these within each person's care records.

We found key areas were regularly reviewed with other key healthcare professionals to ensure any changes in a person's treatment programme were recognised and addressed. Six monthly reviews took place with the person's advocate to ensure that any decisions were made in their best interests. and to make sure their care and treatment continued to meet their needs.

When we spoke with people who used the service and their relatives, they told us communication was excellent, they said they were always involved and consulted about decisions regarding their care and welfare. Records showed that consent, where appropriate, had been obtained from those who lived at the home, in areas such as the taking of photographs, access to external professionals, medication



Is the service effective?

administration and use of equipment. We saw that staff communicated their intentions with people before attempting any personal tasks or assisting with eating and drinking.



Is the service caring?

Our findings

People told us the staff were always kind and caring towards them and when assisting people with daily activities they said staff were very caring, gentle and considerate. This was confirmed through our observations during our inspection. One person using the service told us, "The staff are just like my family, I love it here." Another said, "They listen to what I have to say during the meetings that we have, and they genuinely do care." Other people we spoke with told us the staff were always kind and caring and they liked living in there.

One relative said, "The care is exceptional, it couldn't be better." Another said, "The care my mother receives is outstanding." We observed the atmosphere in the home to be very friendly and extremely cooperative. All relatives we spoke with told us they were always kept informed about their family member and were involved in the planning of their care. One relative told us, "Eden House is like no other place. It stands out above everything I have ever seen, so caring, and an absolutely marvellous place." We found the service had a strong, visible person centred culture and was very good at helping people who used the service to express their views so they could be understood and involved in all aspects about their care, treatment and support.

We saw lots of thank you messages that had been sent to the home from people's relatives since it had opened in October 2013. Extracts from the cards included, 'Thank you all for the loving care shown during my relative's time at Eden House. We really appreciate the care and support provided by all the wonderful staff.' And "Thank you for all the heartfelt kindness that you showed to our relative, we really appreciate all the support you provided."

We found staff were caring and people were treated with dignity and respect and were listened to. Throughout both days, we spent time observing people in the lounge and dining areas. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately and recognised and valued them as individuals. We saw and heard staff speaking in a friendly manner. They chose words, and used signs and gestures that the people understood and took time to listen and

respond to them. We saw staff always sat next to people during conversations or knelt next to them so they were at the same level, we saw people were never rushed and staff actively listened to what people were saying.

Staff told us they enjoyed their work. One said, "It's all about putting people first, respecting their views and acting on what they say. We see people as individuals and recognise how important that is." This meant staff had an approach that placed people at the centre of their care. For example, we saw a member of staff sitting next to a person who had no verbal communication. The staff was holding the person's hand and pointing out the various picture meal options available for lunch.

We saw staff responded in a caring way to difficult situations. For example, when a person became agitated, we saw staff sitting with them and talking with them in a calm reassuring quiet way which helped to settle the person. We saw doll therapy being used for one person very effectively to help calm them, whilst at the same time, they were being provided with lots of reassurance by the staff member. We saw this had a positive outcome for this person.

This demonstrated that staff showed concern for people's wellbeing. We saw people were not rushed and were given time to make decisions and when they did, staff listened and acted on what they said and respected their decisions. For example, one person said they would like some fresh air. A little while later, we saw them sitting in the garden.

The care plans were centred on the person as an individual. We saw that people's preferences and views were reflected, such as the name they preferred to be called and personal care preferences such as, "I like to have a shower every day." We spoke with this person and they confirmed that they had a daily shower. We saw each person had a communication support plan, which detailed their own specific way of communicating and how staff should support them with this. We saw staff effectively put this into practice when communicating and supporting people throughout the day. For example taking time to actively listen and to what people were saying and respond to their requests. We saw that people were involved in all parts of planning and delivery of care in the way they preferred. This meant people who used the service were partners in their own care, experienced care that was empowering and provided by staff who treated people with dignity, compassion and respect.



Is the service caring?

We saw people received care and support in accordance with their individual preferences and interests. including for example, people's age, their disability and their personal beliefs. One person told us, all the facilities here mean I can manage very well with my disability, which means I can still remain independent. Another said, "I still attend church when I wish, and I like to join in with the church services held in the home." We found people's human rights, beliefs and their personal aspirations were respected.

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans.

People were encouraged to build and retain their independent living skills. Care plans set out how people should be supported to promote their independence and we observed staff following these. For example, we saw people being supported to contribute to the menu planning, the activities programme and how they wanted to spend their day. One person told us, "I take pride in my appearance, I like jewellery that match my outfits. I am probably a bit too fussy, but the staff know this and they never rush me when assisting me to get dressed."

People told us they liked to be independent and that this was encouraged. One person said "We had a scone making competition, it was great fun. I used to love cooking and it's good to share my skills particularly when it comes to baking." Another person told us, "I like to spend a lot of time in my room on my own, but I never feel alone as the staff pop in and out all of the time and they always ask my permission before coming in." This demonstrated that staff encouraged and supported people to remain independent, and an awareness that protected people from social isolation and respected people's privacy.

We saw a large notice board displayed in the reception area. On this was information about how to contact advocacy services. This was in large print so people could easily see it and demonstrated the service was open to working with people's advocates. We were told that no one required an advocate, but others had in the past. There was also information about how to contact an Independent Mental Capacity Advocate (IMCAs). IMCA's are a safeguard for people who lacked capacity (this means people who

were unable to make decisions for themselves). This ensured they were able to make some important best interest decisions on behalf of the person who lacked capacity.

People who used the service, those that mattered to them and other people who had contact with the service, were consistently positive about the caring attitude of the staff. One relative told us, "The care my relative receives is second to none. I am so thankful that we found this place. The care is exceptional." Another said, "The care is outstanding, I couldn't fault the place, everyone is so kind and caring." The overall impression from people was that everyone thought those who lived at the home received the best possible care from an excellent staff team.

We saw the relationships between staff and people receiving support consistently demonstrated dignity and respect at all times.

The majority of staff at Eden House had been trained in end of life care pathway. This helped to ensure staff could collectively provide a compassionate, empathetic and pain free service for people nearing the end of their lives and their families. We saw people had an opportunity to complete an advanced decision care plan. We saw these clearly told staff what the person wanted to happen and how the person wanted their current and future care to be delivered. This meant people's preferences would always be respected and adhered too as far as possible. For some, these included a document called 'Do Not Attempt to Resuscitate' these were in line with GP consultation to ensure best interest processes were being followed. There were also records of family involvement in these decisions. We saw one person's end of life care plan. This described in detail the person's wishes before, during and following their death. This meant staff knew how to support this person during each stage of their end of life care. The registered manager told us, at such times they always received excellent support from district and palliative care nurses.

We saw many complimentary letters received from family members of people who had passed away. Without exception, all expressed their gratitude for the loving care and kindness they and their relative had received during the final days at Eden House.



Is the service responsive?

Our findings

People we spoke with told us they were very impressed at how kind and considerate the staff at Eden House were. One person said, "We are extremely well looked after. No one could possibly complain about this place, I cannot fault it. The staff are excellent, they all deserve a medal. I have been here since the home opened, it is a super place to live." Another said, "I am 105 years old and I love living here, there is always lots of activities that I enjoy, staff are the kindest people I have ever come across and I should know because I have lived a very long time." One person thought all the staff were excellent commented, "The staff are always very kind and respectful. I am treated as an individual and they always knock on my door. I have gained a new lease of life since coming here, it wonderful, with always plenty going on."

Relatives we spoke with told us they were always made to feel welcome when they visited. They said, they and their relatives were always fully involved with their care and everyday activities. We found this was a common theme throughout our discussions with people.

The statement of purpose and service users' guide provided people with clear information about the aims and objectives of the home and the facilities and services available to those who lived at Eden House. These documents were available in each bedroom, so people could refer to them whenever they needed too. We saw other formats were available, for example, braille, auditory and other languages by request.

In addition, we saw lots of relevant information was displayed in the main reception of the home including how to make a complaint and who too. The registered manager told us she always investigated complaints thoroughly no matter how minor, and then responded to complainants in writing. This was confirmed when we looked at the complaint records. The registered manager told us she welcomed complaints and suggestions, used these positively and learned from them. Informal concerns had also been recorded and included the action taken in response, and how the outcome was then fed back to the person who had raised the concern. This showed the manager provided a prompt response to people's concerns before they reached crisis point. We saw the home's complaints procedure was freely available in the home and clearly outlined the process and timescales for dealing with

complaints. This meant people were able to express their concerns, and had access to a robust, effective complaints procedure, were protected from abuse, and had their rights protected.

The care records we looked at incorporated the importance of respecting people's privacy and dignity, particularly when providing intimate personal care. One relative said, "I am always consulted about everything. The manager and staff keep me informed and we always have a six monthly review meeting when we discuss every aspect of my mother's care. I find communication to be excellent." Another said, they was very pleased with their relative's care and said anything they asked for was responded to positively. They said communication was very good through one-to-one meetings, residents and relatives meetings and phone calls.

We conducted our SOFI observation on the dementia care unit. We saw staff interacted very positively with people in a friendly and supportive manner, addressing them by name and showing they were fully aware of individual's likes and dislikes. Staff members were pleasant and they had an excellent approach towards people who were living with dementia. Staff continued to chat with people, whilst assisting them, despite some being unable to respond verbally. Staff were consistently smiling and they looked genuinely happy to be at work. We saw doll therapy was used very effectively for one person. We also observed meaningful activities taking place with the activities coordinator supported by care staff. The activities included; picture therapy, reminiscence, and object therapy. We observed many people taking part, there was lots of laughter and people were engaging positively and for some they were emotionally responsive. When we spoke with the activities coordinator, she said, "We aim to communicate more effectively with residents through engagement by having creative activities. We find people interact in a variety of ways, and this can lead to conversations about names of things, people and places that are still, and were important to them." Staff told us that they always promoted best practice and person centred planning by using several of tools, objects and approaches that meant something to people so that they could be used to plan person centred activities with them.

The registered manager told us they also used the loan service from Beamish museum such as; tin baths, memory boxes and flat irons and how these sessions helped to



Is the service responsive?

stimulate people's memories and attributed to meaningful recollection and communication for people living with dementia. She said, "My life story books had also helped us to get to know people and understand each person better. Knowing about their previous lives provide us with prompts in terms of conversations about key areas of people's lives, their likes, dislikes, interests, hobbies and things that are and were important to them. This enables us to have effective conversations with people with short-term memories. We find it is a creative way of communicating with people living with dementia." This meant people living with dementia had a better mood and quality of life because they were supported by staff that communicated well.

On the second day of our inspection, we saw eight people on the residential unit actively involved in a craft session. They were making papier mache vases. Everyone told us that they really enjoyed these sessions. One person told us, "I am 105 years old and I am in charge, I make sure the others do things properly and I make sure all the colours match and the sequins are in the right place." In the afternoon, we sat in on a story and poem session. This was a very stimulating and engaging session enjoyed by all.

We saw displayed a programme of events and lots various activities that take place. These included animal therapy provided by the local police who brought in police dogs every week. We saw that Monet, an American miniature pony, had recently paid a visit to the home. We saw that the home was also a member of County Durham's 'Making Memories Project' The project believes that creativity is fundamental to a fulfilled life that contributed towards good mental health. We saw that this included an art exhibition that was to be held in the home later in the month by several local artists, including art work by the residents at Eden House

The home also worked in cooperation with the local council and the Alzheimer's Society in making Bishop Auckland a dementia friendly town. The registered manager said "We are fully committed to this project; the first step we are taking is to open a dementia friendly café in the home. All the residents, their relatives and staff are looking forward to this". The café will be open to members

of the public use and will be themed to recall past times of the town. The registered manager told us, the café would enable people to contribute to and keep in touch with their community, so they would feel less isolated.

In addition, we saw the provider had a dementia champion. Their role was to improve staffs understanding of dementia and ultimately improve the lives of people living with dementia in the home. The operations manager told us that the role also entailed, supporting people and staff to understand the effects of common impairments that can sometimes lead to misperceptions about people, such as being awkward, manipulative, aggressive or attention seeking and by learning how to recognise, manage and appreciate that behaviours can be caused by the dementia.

The staff training records showed us that the majority of staff had completed a twelve week dementia awareness course. We also saw that all staff had received dignity and customer care training.

When we spoke with people who used the service, they told us about how they were involved in the homes 'three wishes campaign 2015'. This involved making three wishes that were important and unique to them. One person said, "I have already had two of mine completed". Another person said, "One of mine is to walk on the beach in my bare feet just one more time and this had been arranged as soon as the weather improves. They have also arranged for me to visit Beamish Museum which I love." One person told us, "We got a mention in the company's magazine." We found the service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible.

There were no restrictions on visiting times and some visitors stayed all day. One relative told us she visited her mother every day and sometimes stayed for lunch with her. Another relative told us she was a nurse and commented, "One of the things that stands out, is the wonderful care my mother receives and the staff attitude is excellent and there is always something going on."

In addition we saw each person had a hospital passport completed. This meant if a person needed to go into hospital other professionals would be made aware of people's preferences regarding their care, support needs and their current treatments that were best for them.



Is the service well-led?

Our findings

The registered manager had been in post since the home opened in October 2013. A registered manager is a person who has registered with CQC to manage the service.

People who used the service told us that the culture within the home was open and transparent. One person said, “The manager is good, you can talk to her about anything, she is a very good manager.”

The manager and provider worked alongside staff overseeing the care given and providing support and guidance where needed. Our discussions with people who lived in the home, relatives and staff and our observations during the visit showed there was a positive and open culture led by the manager. The registered manager told us she had worked night shift on the previous Saturday night before our inspection as this gave her an opportunity to make sure people were receiving appropriate care during the night and observe staff practice.

We saw leadership in the home was good. The manager had the required qualifications and experience and was competent to run the home. She also had a Diploma in Dementia Care. When we spoke with the manager she had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. She told us they worked to continuously improve services by providing an increased quality of life for people who used the service with a strong focus on equality and diversity issues.

We found the registered manager had proved to have substantial strengths and had a sustained track record of delivering high standards of performance and managing improvements. She had strength's particularly qualitative aspects across the service practice. For example, a high commitment for promoting dignity, a focus on valuing people's diverse needs and embracing innovative approaches to practices within the home.

On arrival at the home we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records we looked at to be well maintained and organised in a structured way. This made information easy to find.

At the time of our inspection the operations service manager was on site and the managing director of the

company, the head of housekeeping and the catering director made a scheduled visit during the course of the day. The staff team were all very co-operative during the inspection. We found them to be passionate, very enthusiastic and dedicated to their work. We saw a company representative conducted unannounced inspections on a regular basis and formally recorded their findings, with action plans developed to make improvements in response to issues identified. This meant the service had in place a strong management team across the disciplines required to manage a care home.

Relatives we spoke with felt the service was well run and praised the manager and provider, who they said were approachable and listened to their views. One relative said, “They're both very good and always available. I think it's a very well managed home.”

Staff demonstrated a good understanding of the values and ethos of the home and described how these were put into practice. They said the manager and provider led by example and encouraged them to make suggestions about how the service could be improved for people. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with professionally and sensitively. One staff member said, “We all work together as a team to give the best quality care possible. If we think we can improve things, we just say and they listen.”

The registered manager told us satisfaction surveys were sent out annually to people who lived in the home, health and social care professionals and staff. We saw a sample of the most recent surveys which gave very positive feedback. The manager told us the information from the surveys was being collated and would be displayed in the home so people could see the outcomes and any actions taken.

We found monitoring of the service to be extremely good. For example, there were systems for gathering, recording and evaluating accurate information about the quality and safety of care, treatment and support the service provide, and its outcomes. We saw a wide range of health and safety audits had been periodically conducted by the organisation. Internal checks were also conducted regularly in areas such as fire safety, falls, accidents, pressure ulcers, nutrition, care planning and complaints. The results of these audits were produced in pie charts for easy reference. Any areas identified as needing improvement during the auditing process were then analysed and incorporated into a structured action plan,



Is the service well-led?

which was effectively monitored. A detailed report was frequently produced in relation quality. We saw all report findings were forwarded to the provider and the quality team for analysis and continuous monitoring.

In addition, an annual business plan clearly summarised the organisation's aims and objectives, with well-defined forward planning strategies being implemented. This helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.

The registered manager showed us a list of audits she had completed. For example, care plans, medication, infection control, cleaning schedules, supervisions and moving and handling competencies. We found the manager had itemised actions to be taken to improve the service and the actions were reviewed during the next audit. For example, people who used the service felt the side garden could be improved by having more seating areas and additional planting to improve privacy. We saw that this had been actioned.

The registered manager informed us that they had produced an action plan following a local authority contract monitoring visit and these actions were now all met. The overall score following the monitoring visit was the highest awarded in County Durham, scoring 93%.

The registered manager showed us the staff rotas and explained how staff were allocated on each shift. She said staffing levels were kept under review on a weekly basis and adjusted according to the dependency levels of people who lived in the home. For example, for those requiring end of life care, additional staff would be on duty. We saw records that confirmed this.

The registered manager told us staff meetings were held regularly and staff were encouraged to air their views about the service. We saw minutes from the last two meetings which confirmed this and showed all aspects of the service provision were discussed with an emphasis on how to make improvements for people who lived in the home. Staff told us they found the meetings useful and felt their opinions were valued.

Staff we spoke with confirmed they had regular supervision with the management team. They said this gave them an

opportunity to discuss their roles and issues as well as identify any training needs. The manager told us they monitored staff training using a training matrix, which we saw identified when updates were required.

There was clear evidence of contact with Dietetics, Community Mental Health Team, and Speech and Language Therapy, and District Nurse Input (daily). The care records included sections for visiting professionals to record entries/ suggestions for people's care. For example, a dietician had commented that people were supported to have adequate nutrition and hydration, and was particularly impressed with the way pureed meals were prepared. A district nurse said that staff were very cooperative and always acted on any advice given.

All of these measures contributed to having a strong management ethos of being open and transparent in all areas of running the home. We saw some sound policies and procedures, which the provider effectively reviewed and updated, in line with current thinking, research and practice.

Observations and feedback from staff and relatives and people, who used the service, showed us the service had a positive and open culture. This was because there were regular opportunities for people who lived at the home to contribute to the day to day running of the service. People we spoke with commented that there was a good system for them to feed information up through to the registered manager and the provider. We saw the service worked in partnership with key organisations, including local authority and safeguarding teams, to support care provision and service development. We saw that the registered manager enabled and encouraged open communication with people and those that mattered to them. For example, there were regular meetings with people who used the service and their relatives. People also contributed to the content of the monthly newsletter. One person told us that her picture was in last month's newsletter because she had won a baking competition held in the home. There was also an article about a relative who was organising an art exhibition in the home to display his own and other local artists work.

We saw that people using the service were actively involved in the running of the home, including the recruitment of staff. For example, interview questions had been written



Is the service well-led?

based on the ideas expressed by people using the service. Kindness, respect, compassion, dignity in care and empowerment were some of the key questions for people to ask candidates being interviewed.

This meant people's views were valued and were actively involved in how the service was managed.

We found the leadership, management and governance of the organisation assured the delivery of high-quality, person-centred care, supported learning and innovation, that promoted an open and fair culture.