

Lothlorien Community Limited

Eden Cottage

Inspection report

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Dymchurch
Romney Marsh
Kent
TN29 0LR

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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

This inspection took place on 12 June 2017 and was unannounced.

Eden Cottage provides accommodation and support for up to three people who may have a learning disability, autistic spectrum disorder or physical disabilities. At the time of the inspection three people were living at the service. All people had access to a communal lounge/dining area, kitchen, a shared downstairs bathroom and a garden. Two people had bedrooms on the ground floor; one person had a bedroom and bathroom on the first floor. The service had its own vehicle to access facilities in the local area and to access a variety of activities.

At the previous inspection Eden Cottage did not have a registered manager in post. At this inspection there was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 4 May 2016. Three breaches of regulations were found. We issued requirement notices relating to need to consent, person centred care and good governance. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found the breaches in the regulations had been met.

At the previous inspection some documentation in care plans had not been updated to reflect people's current needs and was conflicting. At this inspection improvements had been made and majority of information in peoples care plans had been updated to reflect their present needs. However, on a couple of occasion's recent changes to peoples care was not updated. Staff did know about the changes and people received the care that they needed. This was an area for further improvement. People were satisfied with the care and support they received.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made, involving people who knew the person well and other professionals.

At the previous inspection the provider had failed to comply with the requirements of the Mental Capacity Act. At this inspection improvements had been made. Mental Capacity assessments and best interest decisions had been completed for less complex decisions to meet the requirements of the Act. Staff had received further training so they would understand how to comply with 'The Act'.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to

their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

At the previous inspection when people required their fluid intake to be monitored total amounts of daily fluid to aim for were not agreed. At this inspection improvements had been made. The total amount of fluid to aim for to give a person over a 24 hour period was agreed. Staff recorded the amount of fluid people drank and monitored and reported to make sure people were drinking enough.

There had been no new people at the service for a long time and there were no plans for any new admissions. But if a new person was thinking about coming to live at the service their support needs would be assessed by the registered manager to make sure they would be able to offer them the care that they needed.

Any potential risks were assessed and managed without restricting people. There were systems in place to review accidents and incidents and make any relevant improvements to try and prevent them re-occurring.

The maintenance person and staff carried out other environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. We found that the fire door safety check and the fire extinguisher check were overdue. The registered manager took action to rectify this shortfall and took steps to make sure this oversight did not reoccur. Emergency plans were in place so if an emergency happened, like a fire the staff knew what to do.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. People knew who their key worker was. People had key workers that they got on well with.

Staff were caring and respected people's privacy and dignity. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff. When people could not communicate verbally staff anticipated or interpreted what they wanted and responded quickly.

Staff were kind and caring when they were supporting people. People were involved in activities which they enjoyed and were able to tell us about what they did. Planned activities took place regularly and there was guidance for staff on how best to encourage and support people to develop their interests, skills and hobbies. Staff supported people to achieve their personal goals. People were being supported to develop their decision making skills to promote their independence and have more control

People were given choices about the meals and drinks they received and were involved in preparing their meals if they were able to. People said and indicated that they enjoyed their meals. People were offered and received a balanced and healthy diet. If people were unwell or their health was deteriorating staff contacted their doctors or specialist services so they could get the support they needed.

People received their medicines safely and when they needed them. They were monitored for any side effects. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Safeguarding procedures were in place to keep people safe from harm. The provider had taken steps to make sure that people were safeguarded from abuse and protected from the risk of harm. People told us they felt safe. The staff had been trained to understand their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures. People's finances were managed safely.

Staff had support from the registered manager to make sure they could care safely and effectively for people. Staff had the induction and training needed to carry out their roles. They had received training relating to people's healthcare needs. Staff met regularly with the registered manager to discuss their training and development needs.

There was enough staff to keep people safe. Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively.

There were quality assurance systems in place. Audits and health and safety checks were regularly carried out by the registered manager and the quality assurance manager from the company's head office. The registered manager's audits had identified any shortfalls and action was taken to make improvements.

The registered manager had sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Staff told us that the service was well led and that the registered manager was supportive and approachable. There was a culture of openness within Eden Cottage which allowed people, relatives and staff to suggest new ideas which were often acted on.

The complaints procedure was on display in a format that was accessible to people. People and staff felt confident that if they made a complaint they would be listened to and action would be taken. The registered manager was aware had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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.

Staff knew how to recognise and respond to different types of abuse.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks. Checks were carried out on the environment and equipment to ensure it was safe and fit for use. The registered manager took action when some checks had been overlooked.

There was a small, stable staff team and people received the support they needed. Staff were checked before they started worked at the service.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's liberty was not unnecessarily restricted and people were supported to make choices about their day to day lives.

Staff had the skills and knowledge to provide the care and support people needed.

Staff had regular one to one meetings with the registered manager to support them in their learning and development. Staff had received an annual appraisal.

People were offered food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity, and staff were helpful and caring. Staff communicated with people in a caring, dignified and compassionate way.

People were able discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was respected.

Staff involved people in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

Some parts of the care plans had not been updated but people received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were supported to make choices about their day to day lives. People were able to undertake daily activities they had chosen and wanted to participate in. People had opportunities to be part of the local community.

There was a complaints procedure in place. People were supported to raise any concerns. Their views were taken into account and acted on.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was approachable and there was good communication within the staff team. Staff were motivated and led by the registered manager. Staff had a clear vision of the service and its values and these were put into practice.

Staff, people, their visitors and stakeholders were asked for their views about the service.

Checks on the quality of the service were regularly completed.

People and their relatives shared their experiences of the service.

Eden Cottage

Detailed findings

Background to this inspection

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and had information about abuse. The staff member we spoke with was very knowledgeable about the different types of abuse and was aware of recent updates. Information about how to report any concerns and whistleblowing was available for all staff to refer to. Staff told us they would report any concerns to the registered manager and knew about the outside agencies they could contact if they had any concerns. The registered manager said there had not been any safeguarding issues whilst they had been in post. They would contact people's care managers and the local authority if they had any concerns.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely. People could access the money they needed when they wanted to. Risks to people had been identified and assessed and guidelines to reduce risks were available and clear. Some people were identified as being at risk from having unstable medical conditions like epilepsy, or not eating and drinking enough. Other people sometimes displayed behaviours that could be challenging. There were clear individual guidelines in place to tell staff exactly what action they had to take to minimise the risks to people. Staff were confident about what to do in these risky situations. Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were responsible for taking their own medicines and when they went into the community on their own. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. When other people were going out, they received individual support from staff that had training in how to support people whose behaviour might be challenging.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. Information was then transferred onto the provider's computer system by the registered manager. The information was reviewed by the compliance team to assess what action had been taken to prevent incidents from re-occurring. Incidents and accidents were discussed with staff so that lessons could be learned to prevent further occurrences.

People received their medicines when they needed them. People's medicine was stored safely in the office

or in their bedrooms. There were policies and procedures in place to make sure that people received their medicines safely and on time. The registered manager said that staff were only signed off as competent to administer medicines when they had completed the training and were competency checked. Staff competencies for administering medicines was checked every six months. Medicine Administration Records (MARs) were fully completed, showing people received their medicine as and when they needed it. People were supported to be as independent as possible when taking their medicines. Some people were able to take their medicines independently. Staff supported people who could self-medicate by conducting regular audits to make medicines were all accounted for and continued to assess if the people were competent to take their medicines

Some people were given medicines on an 'as and when basis'. These medicines were given to people if they were experiencing any pain or if they presented with a behaviour that was considered challenging. There was written guidance for each person who needed 'as and when' medicines in their care plan. People were only given medicines for their behaviours as a last resort.

A visiting professional said "On the visits I have made to the service, there have not ever been any issues. There has always been enough staff to take some people out to places they wish to go, rather than all going out to the same place that one person has chosen".

There were enough staff on duty to meet people's needs and keep them safe. Staff told us there was always enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The registered manager made sure there was enough staff available so people could do the activities they wanted. Staff worked flexibly to make sure people did what they wanted when they wanted to. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. DBS checks were redone every three years to make sure staff were still safe to work with people.

Is the service safe?

Our findings

People told us and indicated that they felt safe living at Eden Cottage. One person said, "I am happy, I like it here". People were happy, smiling and relaxed with the staff. People were able to let staff know when they wanted something or when they wanted to go somewhere. Staff responded immediately to their requests. Staff knew people well. If people were unable to communicate using speech staff were able to recognise signs through behaviours and body language

A visiting professional said, "Yes, having worked with them on numerous occasions, the care staff do everything they can to promote a safe home for the residents".

The maintenance person carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. We found that the fire door safety check and the fire extinguisher check were overdue. The registered manager took action to rectify this shortfall and took steps to make sure this oversight did not reoccur. People had a personal emergency evacuation plans (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

Electrical and gas appliances were checked regularly to make sure they were in good working order and safe to use.

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guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. When other people were going out, they received individual support from staff that had training in how to support people whose behaviour might be challenging.

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Is the service effective?

Our findings

A visiting professional told us, "We have had discussions before regarding mental capacity and making unwise decisions particularly with regards to when the residents do not wish to engage in exercise routines or therapy plans".

The staff asked people for their consent before they provided care and support. If people refused something this was recorded and respected. During the inspection we saw people being supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

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 application 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. At the last inspection shortfalls we found in regards to MCA and DoLS. At this inspection improvements had been made.

The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. People's capacity to consent to care and support had been assessed. The registered manager and staff knew people well and had a good awareness of people's levels of capacity.

Staff had received training on MCA and spoke confidently about people's capacity to make decisions. Mental Capacity assessments were in place when people needed to have an audio monitor in their bedroom so the night so staff could be alerted if they had any seizures. There was also capacity assessments in place for restrictions for a lap belt when a person was using a wheel chair.

If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest, including advocates. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest.

Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Applications had not yet been granted.

Staff supported people with their needs. Staff were confident when supporting people. They had the skills needed to care for people effectively. Staff told us they enjoyed working in the service and felt they had the training they needed to enable them to do their job safely. They told us they had training in a range of

subjects relating to the work they did. They said they had regular supervision from the registered manager and any additional training requirements were identified during supervision and acted on. One staff member stated, "I have the training I need to do my job." Records confirmed staff were given regular training in a range of subjects relevant to their role and that they were given the opportunity to discuss their role with the registered manager.

Staff had received training on how to support individual behaviours linked with autism and when people needed support with their mental health or conditions like epilepsy. Staff had been trained to give special medicines to people if they did have a seizure. The registered manager maintained a training plan to help ensure that all staff underwent essential training such as, safeguarding people, manual handling and medicines. Staff had completed the training provided. The registered manager regularly checked staff competencies to make sure the training staff received was put into practice effectively and safely. People received consistent care and support as staff had the knowledge, training and understanding to meet people's individual and specialist needs.

New staff spent one week shadowing other staff as part of their induction when beginning employment with the service. They were given an induction plan which the team leader signed off; they also completed the training which was essential to their role. New staff would not lone work for at least a month or until their competence was confirmed by the registered manager or team leader. New staff were completing The Care Certificate to supplement the providers own induction. The Care Certificate was introduced in April 2015 and are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working.

Staff told us if they had any concerns or issues that were work related or personal they could approach the registered manager at any time. Staff said that they could trust and rely on the registered manager to support them. They said the registered manager always listened, took them seriously and took action to try and resolve or improve the situation.

Staff told us they received supervision regularly. Records confirmed the supervision meetings had taken place. Staff had an annual appraisal which identified their development and training needs and set personal objectives. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns they had about caring and supporting people, and gave them the support they needed to do their jobs more effectively. There were regular staff meetings to encourage staff to be involved in the service and have the opportunity to raise concerns and new ideas.

A visiting professional said "From what I have seen, any concerns I have had regarding someone's healthcare needs has been communicated. There seem to be systems in place to ensure that staff know about the clients and what their needs are. They have always communicated any changes in need to myself, and have asked for the care necessary. Any programmes I have implemented, the care staff have actively encouraged the residents to engage with. Any care plans suggested have been implemented efficiently".

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. People who had difficulty communicating verbally were seen by the speech and language therapists so other ways of communicating could be explored. If a person was unwell their doctor was contacted and people were supported to attend appointments. When people had to attend health care appointments, with doctors, nurses and other specialists they were supported by their key worker or staff that knew them well and would be able to help health care professionals understand

their needs. People had a health action plan which highlighted any health issues and how they were to be monitored and met. All aspects of their health and medicines were looked at and a decision was made as to whether any changes were needed.

At the last inspection one person's guidance notes said that they should have their fluid intake recorded. Staff were recording the person's fluid intake daily to ensure they received enough fluid to keep them healthy but they had not identified total amount to aim for over a 24 hour period. At this inspection improvements had been made and staff had an amount of fluid intake to aim for. The person was having the required amount of fluids and staff were monitoring the situation.

People said and indicated the meals were good and they could choose what they wanted to eat at the times they preferred. Staff were aware of what people liked and disliked. Care plans gave good detail about the food people enjoyed. People were offered choice around their meals and drinks and could freely access the kitchen. People could help themselves to drinks and snacks when they wanted to. Staff included and involved people in all their meals. Staff positively supported people to manage their diets and drinks to make sure they were safe, healthy. Some people helped prepare their own meals. People often went out to eat in restaurants and local cafés. People's weight was monitored regularly to make sure they remained as healthy as possible.

Is the service caring?

Our findings

A visiting professional said, "The fact that it is a small service means that staff get to know the clients very well. When I have worked with them, the staff are able to communicate effectively and promote their dignity during the session. I have been impressed by the level of care from most of the staff, and have observed that the clients seem to respond positively to them".

People indicated and said they were very happy living at Eden Cottage. We asked one person what made them happy; their answer was, "Being here".

Staff said, "I love working here, We all know the people really well. It's peaceful and relaxing for them. People get everything they need".

There was friendly chatting and laughter during the visit. The service was very much centred on this being people's home where they lived their life as they wished to. The staff spoke of people with warmth and compassion. People responded well to staff interaction, which was given in a relaxed and warm manner. Staff spoke with people in a way that encouraged increased confidence and praised people on their achievements. There was a feeling of equality. People were involved with the day to day running of the service. For example, people were involved with shopping, cooking cleaning and laundry.

People were supported by staff who knew them well and understood their individual needs and their likes and dislikes. Our observations showed staff clearly knew people's preferences and how to communicate with them effectively. Staff spoke with people, and each other, with kindness, respect and patience. People looked comfortable with the staff. Staff supported people in a way that they preferred and had chosen. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs, through noises, gestures and body language, and supported them in the way they wanted.

Each person had a key worker. A key worker is a member of staff allocated to take a lead in coordinating someone's care. They were a member of staff who the person got on well with and were able to build up a good relationship. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for.

Some people were able to tell us who their key worker was. Key workers and other staff met regularly with the people they supported and discussed what they wanted to do immediately and in the future. There were meetings to discuss what people wanted for their meals and who wanted to go and buy the food. People said that they liked the staff team that supported them and that they were able to do as much as possible for themselves. Staff were kind, considerate and respectful when they were speaking with people and supporting them to do activities.

Staff encouraged and supported people in a sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear, where they wanted to spend time and what they wanted to do in the community. The approach of staff differed appropriately to meet people's specific individual needs. People were involved in what was going on. They were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests.

People could choose whether they wanted to spend time in communal areas or in the privacy of their bedrooms. When people wanted to speak with staff members this was done privately so other people would not be able to hear. People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families and relatives.

Everyone had their own bedroom. Their bedrooms reflected people's personalities, preferences and choices. People had chosen the way their bedroom was organised and decorated. Some people had posters and pictures on their walls. People were supported to buy their favourite magazines. All personal care and support was given to people in the privacy of their own rooms or in the bathroom. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, if they needed it, were given support with washing and dressing. People chose what clothes they wanted to wear and what they wanted to do.

Advocacy services were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. Some people were supported by advocates and others had the support of family or friends. People could choose who they wanted to be involved to help them if they needed to make important decisions and general day to day decisions.

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidentially.

Is the service responsive?

Our findings

People said and indicated that they received the care and support that they needed when they needed it.

Each person had a personalised care plan. These were written to give staff the guidance and information they needed to look after the person. Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, mobility, consent and eating and drinking.

People's preferences of how they received their personal care were individual to them. What people could do for themselves and when they needed support from staff was included in their care plan. Staff were responsive to people's individual needs. People's life histories and details of their family members had been recorded in their care plans, so that staff could get to know about people's backgrounds and important events

At the previous inspection some documentation in care plans had not been updated to reflect people's current needs and was conflicting. At this inspection improvements had been made. However in one care plan some aspects of the persons care had not been updated. The plan said that the person was at risk of choking. The registered manager informed us that a visit from the speech and language therapist had identified that this was not a risk. The plan also stated that the person was given their medicines covertly and they were not. This did not have any direct impact on the person and the registered manager and staff were aware of the changes. The registered manager said they would update the care plans to more accurately reflect the person's needs. This was an area for improvement.

People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. There was information about what made people happy, what made them unhappy. Staff had a lot of knowledge of about people's preferences and how they liked to spend their time and how they preferred to be supported.

Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action. People with complex support needs had a support plan that described the best ways to communicate with them. There was a list of behaviours that had been assessed as communicating a particular emotion, and how to respond to this. Staff said that these were helpful and helped them support the person in the way that suited them best. Some people had been assessed as having behaviour that could be described as challenging. There was evidence that the support plans in place focused on how to manage the behaviours positively and to give support in a way that was less likely to cause the behaviour. When people had epilepsy, care plans gave staff all the guidance to respond and support people to manage their condition safely and staff were confident about what to do if the person had an epileptic seizure.

People were actively encouraged to participate in activities. People choose the activities they wanted to do. There were care plans in place to show what support people needed to do activities within the service and in the community. The care plans gave guidance to staff on how to best encourage people to participate in activities. Some people were able to go out independently and regularly went to a day centre on the bus. Goals and aspirations were identified and were now realistic and achievable. On the day of the inspection one person had requested that they wanted to go to an area of local interest the following day. Staff arranged this. One person loved watching Disney films; the aim was to take the person to Disney land Paris for a holiday. Some people really enjoyed looking and doing things that related to caravans and the garden. Staff took them to look around caravans which they really enjoyed. They had started to grow plants and fruits and vegetables in the garden. Another person had really enjoyed going swimming and staff said they were going to increase the visits to the swimming pool.

People sometimes got together with people from the providers other services. Open days had been arranged for different services. Picnic and parties had been arranged for the summer. One staff member was going to organise a walking group involving different people from the providers other services.

People were involved in doing daily activities like shopping, cooking, cleaning and laundry. People enjoyed being involved with the daily running of the service and took pride in what they had achieved.

Staff told if they had any concerns or complaints they these with the registered manager and they were confident they would be sorted out quickly. People who were more able could raise any issues with their keyworker or registered manager who worked closely with them to build positive relationships.

People had access to an easy read complaints policy which included pictures to help them understand the content of the policy. There was simple description which gave information about who people could talk to and how their complaint would be handled. The easy read complaints policy gave people information about who to contact outside of the service if they were unhappy with the response given or action taken by the provider. If people were unable to understand the easy read complaints policy they were helped in other ways to express any concerns they may have. One person's care plan described how staff would be able to recognise if the person was unhappy, by their body language, gestures and noises.

There had been one formal complaint since the last inspection this had been dealt with in line with the services complaint procedure and the outcome had been positive.

Is the service well-led?

Our findings

A visiting professional said 'if I had any member of my family with a learning disability I would recommend them to Eden Cottage'.

People and staff told us the service was well led. People said that they could go to the registered manager at any time. One person said, "The manager listens". Staff said, "The staff get on well together and we are a good team". "We can go to the manager at any time and they always listen. They know what to do".

At the last inspection records were incomplete, conflicting and had not been kept up to date. At this inspection improvements had been made. Records were complete and information was clear. Some recent changes to people's care had not been updated in their care plans but the registered manager and staff were aware of the changes. The registered manager said this issue would be addressed.

Since the last inspection the registered manager had registered with the Care Quality Commission and had now been managing the service for over a year. The registered manager oversaw two other services as well as Eden Cottage and worked at least one day a week at each one. All three services were in close proximity of one another meaning the registered manager could be flexible if they were needed to respond quickly to any situation or offer staff extra guidance and support.

There was a culture of openness and honesty. Staff and the registered manager spoke with each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on people being at the centre of the service and that everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. Staff talked about supporting people to reach their full potential, becoming as independent as possible and being part of the local community. A member of staff said, "We want people to have fulfilling life's, the best life's they can have, even if it's a bit risky at times" and "Our aim is for people to be happy and reach their full potential".

The registered manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another. They said that the registered manager was approachable and supportive and they could speak to them whenever they wanted to. People communicated with the registered manager in the way they wanted to. The staff said the registered manager always dealt with issues fairly. On the day of the inspection people and staff went to the registered manager whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to.

The registered manager and staff audited aspects of care monthly such as medicines, care plans, health and

safety, infection control, fire safety and equipment. There were regular quality assurance checks undertaken by the quality assurance manager from the company's head office. These were unannounced and happened four times a year. The last one had taken place in March 2017. The quality assurance manager looked at different aspects of the service at each visit. Any shortfalls were identified and a report was sent to the registered manager so that the shortfalls could be addressed and improvements made to the service. This was reviewed by the quality assurance manager at each visit to ensure that appropriate action had been taken.

There were regular staff meetings held to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues. Staff told us they were encouraged to provide feedback about the service at staff meetings and handovers at each shift kept them up to date with the people's current care needs and highlighted any changes in people's health and care needs.

People, relatives and visiting professionals were regularly asked for their views about the service. Their views were taken seriously and acted on. If any issues were identified they said these were dealt with quickly. People's key workers spent time with them finding out if everything was alright and if they wanted anything. There were regular meetings when people could air their views. People had links within the local community and regularly went to the local shops, café and restaurants. People attended the local doctor's surgery.

People's, relative's and stakeholders views about the service were also obtained through the use of survey questionnaires. These were analysed and actioned to drive improvements to the quality of the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received no notifications from the service in the last 12 months. This was because important events that affected people had not occurred at the service.