

## Eden Cottage Care Home Limited

# Eden Cottage Care Home

### Inspection report

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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** 

### Overall summary

This inspection took place on 12 January 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. Eden Cottage Care Home was last inspected by CQC on 24 September 2013 and was compliant.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Eden Cottage Care Home is a family run care home for older people. The home is a large extended bungalow with accommodation for 20 people all with an ensuite facility. The home is in a quiet residential area of Darlington. On the day of our inspection there were 17 people using the service.

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 relevant checks when they employed staff.

# Summary of findings

Training records were up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

People who used the service and their relatives were complimentary about the standard of care at Eden Cottage Care Home. They told us, “I like it here”, “Staff are very helpful” and “I am very happy with the care provided.”

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia type conditions.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is 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 manager and looked at records. The manager was fully aware of the recent changes in legislation and the Supreme Court ruling. We found the provider was following the requirements of DoLS.

We found evidence of mental capacity assessments or best interest decision making in the care records. Staff were following the Mental Capacity Act 2005 for people who lacked capacity to make particular decisions and the provider had made applications under the Mental Capacity Act Deprivation of Liberty Safeguards for people being restricted of their liberty.

People were protected against the risks associated with the unsafe use and management of medicines.

We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

People had access to food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required.

The home had a programme of activities in place for people who used the service.

All the care records we looked at showed people's needs were assessed before they moved into the home. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person centred way and reviewed regularly.

We saw records of visits by healthcare professionals, such as GP's, district nurse, chiropodist, dentist, best interest assessor, speech and language therapist and physiotherapist. Records for weight, malnutrition universal screening tool (MUST) which is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition and waterlow which assesses the risk of a person developing a pressure ulcer were completed regularly and were up to date.

People using the service, their relatives, visitors and stakeholders were asked about the quality of the service provided.

# 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 provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

The provider had procedures in place for managing the maintenance of the premises.

Good



### Is the service effective?

The service was effective.

Staff were properly supported to provide care to people who used the service through comprehensive induction, a range of mandatory and specialised training and regular supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good



### Is the service caring?

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Good



### Is the service responsive?

The service was responsive.

Care records were person-centred and reflective of people's needs.

The home had a full programme of activities in place for people who used the service which included access to a fully equipped gymnasium with exercise machines and a toning table.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

People who used the service had access to healthcare services and received ongoing healthcare support.

# Eden Cottage Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 12 January 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with four people who used the service and two relatives. We also spoke with the registered manager, the registered providers and four staff.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

# Is the service safe?

## Our findings

Eden Cottage Care Home is a family run care home for older people. The home is a large extended bungalow with accommodation for 20 people. The home is set in its own grounds, in a quiet residential area of Darlington. A person who used the service told us “I feel safe and well looked after.”

The accommodation comprised of 20 ensuite bedrooms, 2 lounges, a dining room, several bathrooms, communal toilets, a hairdressing room and a gymnasium.

We saw the home was clean and tidy with no unpleasant odours. We looked at four staff records and saw they had all completed infection prevention and control training. We saw a completed visitor's satisfaction questionnaire which described the cleanliness in the home as “No odours, always fresh.”

En-suite bathrooms were clean, suitable and contained appropriate, wall mounted dispensers. We saw weekly cleaning schedules and mattress cleaning logs were completed and up to date. Communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. They contained appropriate soap and towel dispensers. Most contained easy to clean flooring and tiles. Grab rails in toilets and bathrooms were secure.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. We saw windows fitted with restrictors to reduce the risk of falls and wardrobes in people's bedrooms were secured to walls.

Call bells were placed near to people's beds and chairs. We spoke with a relative of a person who used the service who told us, “Call bells are always answered quickly.”

The service had an OTEX Ozone laundry system in place which uses aqueous ozone to achieve disinfection during the wash process rather than using the traditional thermal disinfection method. It has been shown to be effective against hardy environmental bacteria such as *Clostridium difficile* spores which are a type of bacterial infection that can affect the digestive system. We spoke with the registered manager who told us this system had significantly reduced the outbreaks of healthcare associated infections in the home.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

We saw a fire emergency plan in the reception area. This included a plan of the building. We saw regular fire drills were undertaken and a fire risk assessment was in place. Accidents and incidents were recorded and the registered manager reviewed the information in order to establish if there were any trends.

This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We saw a copy of the provider's safeguarding adult's policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We discussed staffing levels with the registered manager and looked at documentation. The registered manager told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff. We also saw that the mix of staff on duty was based on an analysis of staff skills and competency.

We saw there were four members of staff on an early and a late shift and two members of staff on a night shift. The home also employed a deputy manager, a head cook, an assistant cook, a domestic and a site manager. We observed plenty of staff on duty for the number of people in the home. We spoke with a relative of a person who used the service who told us, “There always seems plenty of staff on duty.”

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and

## Is the service safe?

Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences, national insurance cards and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the service had arrangements in place to protect people from harm or unsafe care.

We discussed the medicines procedures with a Senior Carer and looked at records. We saw medicines were stored

securely in a locked medicines trolley which was secured to the wall in a medicine store room which was kept locked at all times when not in use. We looked at the medicines administration charts (MAR) for four people and found no omissions. Records were kept for medicines received and disposed of.

We saw that medicines audits were up to date. We also saw that temperature checks for refrigerators and the medicines storage room were recorded on a daily basis and were within recommended levels. Staff who administered medicines were trained and their competency was observed and recorded on medication knowledge sheets by senior staff. This meant that the provider stored, administered, managed and disposed of medication safely.

# Is the service effective?

## Our findings

People who lived at Eden Cottage Care Home received care and support from trained and supported staff. A person who used the service told us “Staff are very helpful.”

We looked at the training records for four members of staff and we saw that staff had received a thorough induction which followed the “Skills for Care Common Induction Standards”. The records contained certificates, which showed that mandatory training was up to date.

Mandatory training included moving and handling, first aid, fire safety, medication, infection control, health and safety and food hygiene. Records showed that all staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care. In addition staff had completed more specialised training in for example dementia awareness, bereavement, mental health, foot care, oral health, aggression management and gold standards framework. Staff files contained a record of when training was completed and when renewals were due.

We saw staff received regular supervisions, four times a year, and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. This meant that staff were properly supported to provide care to 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 looked at records and discussed DoLS

with the registered manager, who told us that there were DoLS in place and in the process of being applied for. We found the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We also saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We looked at a copy of the provider’s consent policy, which provided staff with guidance in understanding their obligations to obtain consent before providing care interventions or exchanging information. We saw that consent forms had been completed in the care records we looked at for the involvement and development of the plan of care and medicine. All of these had been signed by the person using the service or their relative.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. People were supported to eat in their own bedrooms if they preferred. We saw a four weekly menu displayed in the entrance to the dining room which detailed the meals and snacks available throughout the day. We observed staff chatting with people who used the service. The atmosphere was calm and not rushed. People who used the service and their relatives told us, “Staff are always providing drinks.”

From the staff records we looked at, all of them had completed training in food hygiene, food safety and focusing on undernutrition delivered by NHS Durham and Darlington. We spoke with the head cook who told us about people’s preferences and special dietary needs.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia.



# Is the service caring?

## Our findings

People who used the service and their relatives were complimentary about the standard of care at Eden Cottage Care Home. They told us, "I am very happy with the care provided", "I like it here", "very happy with the care" and "I am confident in the care my relative receives."

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example encouraging them to engage in conversation or asking people if they wanted help when they passed them in the lounges or in their bedrooms.

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. We spoke with relatives of people who used the service who told us, "Staff always know who I am and call me by my name" and "I always receive a warm welcome." This meant that staff treated people with dignity and respect.

We saw the bedrooms were very individualised with people's own furniture and personal possessions and the service provided a small lounge at the side of the premises where visitors and relatives could meet with people who used the service in private.

A member of staff was available at all times throughout the day in most areas of the home. Staff focussed on the resident's needs. Staff we spoke with told us, "I like being around the residents", "I like knowing the care provided makes a difference" and "I like helping the residents and making them smile".

We asked the registered manager why some of the communal bathrooms contained carpets rather than easy clean flooring. The registered manager told us that some people preferred the carpets and the people and staff we spoke with supported this.

We looked at records and spoke with people who used the service, their relatives and staff and saw how the service celebrated special occasions. For example, arranging an 80th birthday tea and organising a 100th birthday outdoor beach party.

We saw staff sensitively supporting a person who had recently had a bereavement and how knowledgeable they were regarding the person's wishes for privacy.

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. One of the care records we looked at included a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). This was up to date and showed the person who used the service had been involved in the decision making process. We spoke with a relative of a person who used the service who told us, "Staff always keep me informed about my relative." We also saw some staff had completed training in palliative care.

We looked at a copy of the Service User Handbook in the reception area which provided information on the philosophy of care, charter of rights, health and safety, fire procedures, security arrangements, statement of purpose, protection of personal possessions and valuables, care planning, recreational activities, compliments and complaints, religion and worship, visitors policy, involving family/friends and personal care specialists.

# Is the service responsive?

## Our findings

We found care records were person-centred and reflective of people's needs. We looked at care records for four people who used the service.

We saw that pre-admission assessments had been carried out which included personal information, next of kin, GP and social worker details, medical history, communication needs, medication, dietary requirements and any mobility issues.

All of the care records we looked at contained a "one page profile" which had been developed with the person or their relative. A one page profile is a short introduction to a person, which captures key information on a single page and details what is important to that person including people's individual needs, interests, preferences, likes and dislikes and how best to support them. This meant the service enabled staff and health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to their individual's needs.

Care plans were in place for personal care, skin integrity, medication, continence, eating, drinking and nutrition, moving and handling, falls, mental health and social and recreation. Each care plan was reviewed and evaluated regularly.

Each care plan had a risk assessment in place. Assessments contained control measures and recommendations from professionals including speech and language therapists. Risk assessments were regularly reviewed and changes were made if needed.

Records for weight, (MUST) which is a five-step screening tool to identify if adults are malnourished or at risk of

malnutrition, waterlow and body maps were completed regularly and were up to date. We also saw evidence of visits by healthcare professionals. This meant the service ensured people's wider healthcare needs were looked after.

The service employed two activities co-ordinators, both of whom had completed a level 2 activities champion with dementia training. We saw the activities plan on the notice board. This was a daily plan for activities within the home and included gentle chair exercises, aromatherapy massage, bingo, quiz, dominoes, singers and music. We also saw people had access to a fully equipped gymnasium with exercise machines and a toning table. We saw social/recreation care plans which included activities the person liked to do and monthly evaluations of the care plans described what activities had been carried out.

The service had its own mini bus for outings. The people we spoke with told us about visiting Scarborough for an ice cream and going to the Pantomime before Christmas.

We saw a copy of the complaints policy on display in the reception area and in the service user guide. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local government ombudsman and the care quality commission, if the complainant was unhappy with the outcome. People, and their family members, we spoke with were aware of the complaints policy and told us "Never had to complain."

We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively.

# Is the service well-led?

## Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns. Staff told us “I am very happy working here” and “It’s a friendly working atmosphere.”

We looked at what the registered manager did to check the quality of the service and we spoke with the site manager. We saw that the home achieved a “5 Very Good” Food Hygiene Rating on 06/03/2014. We looked at the provider’s audit files, which included audits of care management (pre-admission, admission and personal care), health and safety, business management (staff training and observations), medication, quality assurance, housekeeping and maintenance (electrical appliances, fire alarm and extinguishers, emergency lighting, room call system, security, gas safety, hoists and slings). All of these had last been audited in 2014 and included action plans for any identified issues. For example, an audit of care management had identified that there was no policy in place for the safe handling of wheelchairs. The target date for completion of the policy was 30/01/2015.

We looked at what the registered manager did to seek people’s views about the service. We saw residents meetings were held regularly. We saw a record of a meeting dated 7 November 2014. Discussion items included health and safety, your rights, key workers, results from quality assurance questionnaires, ideas for activities and menu changes. We spoke with the head cook who told us about the proposed changes to the menus.

Staff meetings were held regularly. We saw a record of a meeting dated 30 September 2014. Thirteen staff were in attendance at the meeting. Discussion items included holidays, shift swapping, employee handbook, communication, team work, breaks, sickness, residents issues, cleaning schedules, providing personal care, mopping floors, ironing, hovering and personal protective equipment.

We looked at the provider’s quality assurance report for 2014. The report contained the findings from questionnaires completed by people who used the service, their relatives, staff and visitors. The questionnaires asked people for their views about the quality of the service provided at Eden Cottage Care Home. The results were positive. For example “I couldn’t praise the home enough” and “good homely atmosphere”. We saw an action plan had been prepared from the findings which included the areas for action, desired outcome, responsibility and date of completion.

This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

We saw a copy of the provider’s business continuity management plan that had been reviewed in June 2014. This provided emergency contact details and identified the support people who used the service would require in the event of an evacuation of the premises.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP’s, speech and language therapist, chiropodist, physiotherapist, dentist, best interest assessor and district nurse. This meant the service ensured people’s wider healthcare needs were being met through partnership working.