Edenplace Limited

Eden Place Mental Health Nursing 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

We carried out this inspection on 22 and 23 July 2015. The inspection was unannounced.

Eden Place Mental Health Nursing Home is registered for a maximum of 34 people offering accommodation for people who require nursing or personal care and requiring treatment for substance misuse. At the time of our inspection there were 32 people living at the service, two people were in hospital. People using the service were being supported with their mental health needs and no one was requiring treatment for substance misuse.

A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post.

Support was provided that met people's needs and we found there were enough staff to care for people safely. Staff referred people to other health professionals when needed, so people were supported to maintain their health and wellbeing. People's health and social care needs were reviewed regularly. Risk assessments were completed and plans minimised risks associated with people's care.

People told us they felt safe living at the service. Staff knew how to safeguard people and what to do if they suspected abuse. People were protected from harm as medicines were stored securely and systems ensured people received their medicines as prescribed. Checks were carried out prior to staff starting work at the service to make sure they were of good character and ensure their suitability for employment.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). When there were concerns about people's capacity to make decisions, we saw decisions were made in their best interests.

Staff received training to do their jobs effectively, in order to meet people's care and support needs. Staff were encouraged to continue to develop their skills in the area of health and social care. Staff told us they felt supported by the management team to carry out their roles effectively.

People's nutritional needs were met and there was a variety of food available. Snacks and drinks could be accessed when people required these. Some people enjoyed taking part in organised activities, many people chose to go out either independently or with staff, and pursue their own interests.

People told us they liked living at the service and that staff were kind and caring. We saw people were cared for as individuals with their preferences and choices supported. Staff treated people with dignity and respect and encouraged people to be independent where possible. Relatives were encouraged to be involved in supporting their family members and told us staff members also offered them support.

People were positive about the management team and the running of the service. We saw the registered manager was responsive to feedback in developing the service, and making continued improvements. Systems and checks were in place and these made sure the environment was safe for people that lived there and that people received the care and support they needed. People knew how to complain if they wished to and complaints were recorded and actioned in a timely way.

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.

People told us they felt safe. Staff were confident in how to safeguard people from abuse and actions to take if they had concerns. Risk assessments reflected the risks to people's health and wellbeing, and were managed to minimise these. Medicines were stored safely and people received these as prescribed. Staff were available at the times people needed them and recruitment checks reduced the risk of unsuitable staff being employed at the service.

Good

Is the service effective?
The service was effective.

Staff received training and understood how to meet people's needs. Staff had an understanding of MCA and DoLS and where people lacked capacity, decisions were made in their best interests. People enjoyed the food and different dietary needs were catered for. A choice of food was offered and people could access drinks and snacks when they wished to. Referrals were made to other professionals when required to support people's needs and maintain their health and wellbeing.

Good

Is the service caring?
The service was caring.

People were encouraged to be as independent as possible. Care was provided ensuring dignity and respect. Everyone spoken with told us staff were caring in their approach and we saw examples of this during our visit. People were involved in decisions about the care they received. Staff encouraged relatives to be involved in their family member's care and relatives told us they felt supported by staff as well.

Good

Is the service responsive?
The service was responsive.

People received person centred care and staff knew their individual needs and preferences. Group and individual activities were on offer for people at the service and people were supported to pursue their preferred interests. People knew how to raise complaints and these were recorded and responded to quickly.

Good

Is the service well-led?
The service was well led.

People were positive about the management team. People and staff told us they were approachable and issues raised were addressed promptly. Systems ensured the environment was safe and the care provided was effective. The registered manager had worked to improve the service for people and was responsive to new ideas to continue to make positive changes.

Good

Eden Place Mental Health Nursing 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.

The inspection took place on 22 and 23 July 2015 and was unannounced. The inspection team comprised of two inspectors.

We reviewed the information we held about the service. We looked at information received from relatives and visitors and we spoke to the local authority commissioning team, who had no further information. We reviewed the statutory notifications the registered manager had sent us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and include safeguarding referrals, notifications of deaths and serious injuries.

We asked the provider 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 did not receive this prior to our visit and the registered manager told us this had not been received by them.

We spoke with seven people who lived at the service, five relatives and one friend. We also spoke with nine staff including the registered manager, nursing staff, care staff and the maintenance person. We looked at three care records and records of the checks the registered manager made for assurance that the service was good. We observed the way staff worked and how people at the service were supported. Due to the complex needs of the people at the service, some people were not able to discuss their experiences of the care and support they received with us.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at the service. One person told us, "Yes I feel safe, I like it, I am happy here." A staff member told us, "Yes people feel safe," and went on to explain one person had moved to the service to feel safer, as they had become concerned about living independently.

Prior to staff starting at the service, the provider checked their suitability to work with people who lived there. One staff member told us, "I had a CRB check and references done." Checks were made including contact with their previous employers and the Disclosure and Barring Service. The

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Prior to staff starting at the service, the provider checked their suitability to work with people who lived there. One staff member told us, "I had a CRB check and references done." Checks were made including contact with their previous employers and the Disclosure and Barring Service. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Staff we spoke with told us checks were completed before they were able to start work and we saw staff records reflected this. The provider ensured that, as far as possible, the staff employed were suitable to support people who lived at the service.

Staff understood how to safeguard people they supported. One staff member told us, "If there was an altercation between two service users, I would report it to the senior, fill in a form; we would report it to CQC and get the social worker involved." Another staff member told us, "It's their home; they have a right to feel safe," and said they would not hesitate in reporting any concerns they had. Staff were able to tell us about different types of abuse. They explained they had received training, and were aware of the provider's safeguarding and whistleblowing policies. We asked about whistleblowing, a staff member told us, "If you see something wrong you would report it to the nurse in charge, the manager, or to outside." A staff member told us they supported people in managing their finances at the service, but said if someone wanted to withdraw a large sum of money for example, they would ask further questions to make sure they were protected from possible financial abuse. We saw safes were provided in people's bedrooms and offered further protection to keep their personal belongings secure. Staff showed knowledge of different types of abuse and knew what action to take if they had any concerns.

Assessments of risks associated with people's care and support needs had been undertaken. Risk assessments were updated monthly or as people's care needs changed by 'keyworkers'. Keyworkers were staff assigned to a person to get to know their individual needs well and build a relationship with them. We saw risk assessments on care records for areas such as nutrition and challenging behaviour. One person had a risk assessment around hot drinks as sometimes they would throw these over other people or staff. The risk assessment detailed ways of reducing the risk and ensuring where possible everyone remained safe while this person had a hot drink. Staff knew about the risks to people in their care and how to minimise these to keep them safe.

We looked at whether staff were available at the times that people needed. One person told us, "I don't really wait, yes, there is enough staff." A relative explained, "I've seen them [staff], if someone asks to go to the toilet, they take them straight away." Staff told us staff numbers had recently been increased and they felt staffing levels were sufficient, but there was "a lot of paperwork to do". Bank staff, (staff working as and when needed) were employed to cover any absences. The registered manager told us the staffing levels were monitored by an external agency and the agency provided them with information around staffing requirements according to people's needs, which they used to make any changes. We saw that whilst staff were busy, they were available at the times people needed assistance and had time to sit and chat with people. Staff were available to support people when they required and the registered manager monitored this to ensure people's needs continued to be met.

We looked at how people's medicines were managed. One person told us, "I have tablets first thing in the evening, I get them on time, I don't wait." Only trained staff were able to administer medicine and two signatures were required

Good

Is the service safe?

following this. We saw records were completed correctly. The deputy manager told us they carried out regular audits and observation checks to ensure staff remained competent to administer medicine, and we saw evidence of these for three staff in July 2015. We saw one audit had identified missing signatures on records and the deputy manager told us this was being addressed with the staff member. We found medicines were stored securely and in line with manufacturer's guidelines, then disposed of safely to ensure people were protected. Medicines were managed safely, and people received their medicines when they should, from staff trained to do this.

Some people received medicine 'as required'. There was a protocol for this, explaining when it should be given and why. One person told us, "I get painkillers and I get them when I should." We observed lunchtime medication being given and people were asked discreetly if they had any pain. One people received medicine 'covertly', which is medicine disguised, for example in food. This person refused to take medicine sometimes, and had been assessed by the GP as being at high risk from this. This person had a serious medical condition which could be affected by not taking this medicine and there was a letter from their doctor explaining why this was to be given covertly. The instructions of how to give this medicine were documented. We asked the registered manager about this and they told us they followed the NICE (National Institute for Health and Care Excellence) guidelines for administration of medicine covertly. We saw staff had also sought advice from the pharmacist to check this was safe to do with this specific medicine. A staff member told us, "The person has fixed ideas not to take their medicine." Staff were knowledgeable about how to support people with medicine and ensured this was done safely and with involvement of other health professionals.

Personal emergency evacuation plans, known as 'PEEPs' were on care records. PEEPs are individual documents which detail people's needs such as support required with mobility, so in an emergency people could be assisted to evacuate the building quickly and safely. PEEPs were on individual care records and these contained up to date information about people's needs. Staff were able to explain the evacuation procedures and how they would move people to safety in an emergency.

Accidents and incidents were recorded and were up to date. We saw one record for someone who had fallen, and another relating to a cut a person had sustained. However, these were not analysed to identify any trends or patterns to prevent further possible reoccurrences. We discussed this with the registered manager who told us they would do this in future.

To promote people's security, the service had a CCTV system, which recorded outside the building and the surrounding perimeter of it. Staff told us the CCTV provided them with some reassurance in case there was a problem. Checks were carried out to ensure the buildings and equipment were safe for people to use. However, we saw a fire extinguisher annual check had not been carried out since April 2014. The maintenance person told us this was an oversight and was being carried out the following day, we saw this was planned to take place. Fire drills were carried out weekly and certificates for fire inspections and other services had been completed and were up to date. However, during our visit we saw a top floor window with no restrictor that led out onto the roof. We raised this with the registered manager, who was not aware of this, but agreed it would be rectified. The management team maintained health and safety procedures at the service and had systems in place to protect people from harm.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge to care for them effectively. One person told us, "The staff are very good." A relative commented about the care, "I think it's quite good, I am quite impressed." Staff were supported when they first started working at the service, so they were aware of their roles and responsibilities. An 'induction' took place over a three week period during which an observation was carried out by a nurse and a 'reflective account' written by the staff member to record their learning. The induction process gave staff the skills they needed to effectively meet people's needs when they began working at the service.

Staff received regular management support through monthly supervision. One staff member told us, "Yes, we have regular supervisions, we get together and I can say how I feel." Another staff member explained, "I feel I can raise my concerns and I am listened to." Staff said that the senior staff and registered manager were approachable and they could go to them if they needed any support. Supervisions were sometimes 'observation supervisions' so staff received direct feedback on their practise. Staff appraisals were carried out annually. Staff received formal opportunities to raise any issues or concerns they had with the management team.

Staff received training relevant to the health and social care needs of people who lived at the service. A training schedule detailed training staff had received and when this was next due, this also included 'bank' staff. Training included moving and handling, medicines and safeguarding. One relative told us that they thought that staff were competent to carry out their roles, and said, "They know what they are doing." One staff member had completed a moving and handling course and explained, "I learnt other techniques, like how to move someone from the floor safely and put a sheet underneath them." We later saw them assist someone to safely transfer into a wheelchair. Some of the training was self-directed using a work book. However staff told us they also had trainers come in and deliver this to them. They told us that this had recently included continence care which they found useful. Staff were supported to undertake further formal training such as NVQ qualifications. Staff received regular training to enable them to develop their skills further and this supported them to carry out their roles.

Due to the complex needs of people at the service some people exhibited behaviour that challenged themselves and others. We asked staff how they would support people in these situations. They were able to explain they would either use distraction techniques, or withdraw themselves or others from the situation. We saw this being put into practise during our visit when one person became anxious. Some staff felt they would benefit from an update to this training as they sometimes lacked confidence in this area. We discussed this with the registered manager and they told us this had been identified at a recent staff meeting and that a 'refresher' course was now being arranged for staff.

Staff told us they had regular meetings and these were helpful to raise any issues. One staff member told us, "We do have debates; someone will say what they want." We asked if anything they had discussed had resulted in changes. One staff member had suggested that the cigarette cupboard be moved, as people queued in a narrow corridor and this could be a hazard for others and this had been changed. We saw on meeting notes some presentations by staff were planned for future meetings in areas such as mental capacity and raising a safeguarding referral. Some staff had 'lead' roles for areas such as health and safety. Staff told us they felt supported by the management team and had regular opportunities to meet and raise any issues they had.

A 'handover' meeting was held at each shift change, where information was passed on to staff about any changes to people's health or well-being. A staff communication book was also used. We saw the book highlighted that one person required some additional support when outside smoking and we saw staff provided this support. Communication between staff assisted them to provide effective care to people they supported.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff demonstrated they understood the principles of the MCA. For example, staff understood people were assumed to have capacity to make decisions unless it was

Good

Is the service effective?

established they did not. All staff said they had received training in MCA and DoLS and were aware it was about restricting someone's personal freedom. The registered manager told us some people lacked capacity at the service. We saw assessments on people's care records reflected this and decisions had been made in their best interests.

One person at the service had a DoLS authorised and had been assessed to ensure that that people were not being unlawfully deprived of their liberties. The registered manager had sought advice from the local authority about other people and were intending to make an application for another person.

Consent was sought from people when providing them with care. We saw one person had refused to sign a consent form for photos to be taken and this was clearly recorded. On one person's care record, there was signed consent for staff to assist them with dealing with any letters they received. Staff were aware of the importance of gaining consent from people before care or support was provided.

We looked at DNAR (do not attempt resuscitation) forms. These had been completed correctly and people were being supported to make decisions regarding resuscitation and in line with their abilities to do so.

People had a choice of food which met their preferences. One person told us, "I had soup for lunch, it's nice." Another person told us, "I like the food." One staff member told us, "The food is lovely." We saw pictorial menus displayed showing the meals available each day. The cook asked people what they would like to eat daily and alternatives were provided for people who wanted these. People could access snacks when they wished and we saw cold and hot drinks were available for people to help themselves to during the day. Meal times were flexible and people ate at different times, in places to suit them. One person's food was kept plated in the fridge so they could have this at a time they preferred. The cook told us they purchased food people requested, and gave an example of one person who had asked for a certain type of bread and they had bought this for them. We saw one person had a small fridge in their room where they could keep their own snacks and drinks. People could access a range of meals and drinks at times to suit them.

People's dietary needs were catered for. One relative told us about their family member, "[Person] is diabetic; the staff know what they are doing with the food." There were several people living at the service with diabetes and the cook told us they knew how to support people with their health needs, for instance using a sugar substitute in their food. One person had an allergy and staff were aware of this and provided suitable meals for them. People's nutritional needs were being met by the staff at the service.

People had checks completed monthly by staff, including blood pressure and weight. Staff told us if there was a concern with someone's weight they used a food chart to monitor this and weighed the person weekly. One person had been on a 'fortified diet' but as their weight had increased this had been stopped. Staff explained a risk assessment was completed and the dietician was involved for people if there were any concerns. One person was diabetic and their blood sugar levels were monitored daily by staff. Staff monitored people's health and were confident in the actions required should they any concerns.

People were supported to access health professionals when required. One person told us, "I see the psychiatrist once a month." A relative told us, "Since [person] came here they've had new teeth and glasses, and the doctor was called out." One staff member told us, "We try to take people out to see the GP, psychiatrist, optician, they generally like going out." We asked staff how they would know if someone was unwell and the action they would take. They told us if someone fell or had a serious illness they would call an ambulance. They told us that sometimes if a person's mood changed or their mobility deteriorated it could be a sign of an infection and this had happened recently to one person. We observed one person was feeling unwell, they had previously had a stroke and an ambulance was called. Staff dealt with the situation discreetly and professionally. Staff told us they had support from their local GP practice, who visited weekly.

Good

Is the service caring?

Our findings

People we spoke with were positive about the care staff. One person told us, "Yes, they are all very kind, they are all nice." A relative told us, "I am absolutely delighted with it, it's a marvellous, wonderful place, the staff are kind and lovely and [person] is very happy there." Many of the staff had worked at Eden Place for a long time and knew the people that lived there well. One staff member told us, "When I come back from holiday or a few days off, they notice that I am back and are pleased to see me. It feels so nice to be missed and appreciated." Another staff member told us, "I really like it here, I have worked in other places but I wouldn't want to work anywhere else now." A good rapport existed between people living at the service and the care staff

We heard examples of staff being kind and considerate during our visit. One person told us, "The staff listen," and a relative told us, "I would speak very highly of them, I've observed the way they are patient with people and very good." Staff ran a tuck shop at the service a couple of times a week so people who did not or could not go out, could buy items such as magazines. For people's birthdays, a cake and birthday tea was arranged and a present purchased. Staff were concerned about one person's relative who visited, and with their permission had made a referral to try and get some care support for them from the local authority. Another relative told us, "They are good to me as well." Staff told us about a relative who still came to visit staff socially, although their family member had now passed away. We saw another relative had donated some money following the death of their family member as an appreciation of how well they felt this person had been cared for by staff. Staff supported people and their families with a caring approach.

Relatives were encouraged to be involved in their family member's care. There were no restrictions on visiting times and one person told us their relative visited recently and said "We went out for a nice meal." Another relative explained they took their family member out for the day and, "Staff made sure I knew what to do to help [the person]." The registered manager told us several people that lived at the service had no family or friends and so they made sure additional support was provided by staff. For example, one friend used to be the manager of a service where a person lived before. They now visited them and staff encouraged this relationship to support this person who had no other family. Staff took another person to visit their relative every fortnight for lunch, as this relative was disabled and not able to visit the service themselves. Relatives and friends were encouraged by staff to be involved in the lives of their family members.

Many people at the service were independent and staff encouraged them to maintain this, however staff supported people when this was required. A visitor told us, "I think staff let people get on with it," and a staff member told us, "It's about trying to retain their independence." Another staff member told us, "Staff encourage people to do things for themselves, it might be to take cups back to the kitchen or items to their rooms." We saw one person being asked if they would like to help lay the tables for a meal and we saw they assisted staff with this. Another person told us they were hoping to move into a flat soon to be more independent and staff were supporting them with this.

People were supported to make their own choices. A relative told us their family member was given a choice about how to spend their day but, "Chose not to join in," and this was respected. A staff member told us, "It is all about choice, everything is." We observed one person requested to go to bed in the afternoon and we saw the staff member agreed to take them, but highlighted they may not sleep as well later, so the person decided not to. We saw people doing different things, some people were in different lounges, some were sleeping in, some doing activities and some people had gone out. People had a choice of how they spent their day and staff supported them to decide.

Some people were supported to make decisions with referrals to other people who could assist them. One person was supported by an advocate for a financial matter. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision. An IMCA (Independent Mental Capacity Advocate) had been supporting another person in relation to making a decision. Information around advocacy services were displayed. Staff referred people to access additional support when this was required.

People's preferences were catered for where possible. One person preferred to have a male staff member support them for care and this was arranged for them. Bedrooms were personalised and people were able to bring in their

Good

Is the service caring?

own furniture if they wished. We saw people's rooms contained personal objects and were individualised. People were encouraged to make their rooms comfortable and could have their care met in a way that suited them.

Staff treated people with dignity and respect. A relative told us, "Yes, they treat [person] with dignity and respect and they have a good understanding of their care." One staff member gave an example of this and said if they saw someone required help with personal care, they would assist them immediately. Other staff members told us they would always explain what they were doing when assisting a person and staff kept people covered when personal care was provided. We saw each person had a key to their room and could lock this. We saw a 'do not disturb' sign was used when people sometimes received aromatherapy treatments in their bedrooms. The registered manager told us people used to have their hair dried in a communal area by the hairdresser and a screen had now been purchased to provide privacy for this. However, we saw one person having their blood pressure taken in a communal area with people sat around them. We saw the screen next to them, folded up against the wall, the screen was not being used to provide them with any privacy in this instance. We discussed this with registered manager and they agreed that staff should have used the screen, and they would ensure they did so in future. Staff were aware of the importance of treating people respectfully and we saw this was done in the majority of cases when care was being provided.

Good

Is the service responsive?

Our findings

People we spoke with had positive views about the service and how people's care and support needs were met. One person told us, "The staff look after us," and another person commented, "Yes I am happy here." On admission, people were assessed based on their level of independence and care needs. The provider had three services and each differed in the type of care provided, so people were assessed for their suitability to these services. Staff told us they identified people's likes, dislikes and their personal histories with them and their families, in order to build a personal profile and develop their care plan.

People were involved in care planning and reviews. One relative told us, "We've been involved in care decisions all the way along." We saw care plans were signed by people and staff. Day to day records were kept for people and more detailed information was kept in separate files including background information and medical history. People had copies of their own care records and staff told us people were encouraged to be involved in planning and reviews of care. Relatives were involved in reviews if people wanted this. One relative told us, "They always explain how [person] is, they always answer my questions." We saw care plans for areas such as mental health and nutrition. Care plans were reviewed monthly by staff and managers.

A keyworker system was in place, so people were supported by a named worker and this provided consistency for them. The keyworker was responsible for ensuring the person's care records were up to date. One person told us about their keyworker, "We understand each other very well." We asked a staff member about the care they provided and they told us, "It is putting yourself in the shoes of the resident." The keyworker spent additional time with the person to identify any issues they may have and escalate them to a senior staff member if this was required. For example, one person had been a teacher and wanted a bigger bookcase in their room for their belongings and the keyworker had arranged this. Another person had been a music professor and their keyworker was arranging for a keyboard for them at their request. Keyworkers ensured people were supported individually with any issues they had.

Staff knew people they cared for well and how to support people's care needs. For example, one person was Italian and although they could understand and speak English, they did not always respond to staff, so staff tried speaking with them in Italian, to support them further. Staff had learned some of the language to try to support this person further but this had been effective. Another person was living with dementia and they would not always eat. A blue plate had been provided to show a contrast to the food and this encouraged them to eat independently. Staff told us another person sometimes stopped speaking and they used body language and wrote things down, until they spoke again.

Staff planned activities for people based on their preferences. One staff member told us, "We know people's likes and dislikes." We saw a 'one page profile' of information about interests, completed by staff and people at the service. The registered manager told us this was to try to 'match' people with staff who had similar interests and, "We try to build a therapeutic relationship on this social basis." They explained nursing staff and management were also included, to encourage these relationships with everyone. One staff member commented, "I would rather spend time doing things with people than paperwork." One person used to be a publican, they were very sociable and liked being with people, and staff encouraged this. Another person's passion was planes, and a staff member had taken them to view the planes at the airport. Staff supported people to do what they wanted to do, based on their interests and histories.

People were involved in planning activities with their keyworkers and one staff member was employed as 'lead' for activities. One person told us, "They take us out for a coffee, we play skittles and cards." Another person said, "I like to just sit quietly and watch what goes on," so that is what they did. One staff member told us, "Yes there is enough for people to do, there are activities all the time, a lot don't want to do it." We saw people being offered the option of joining in and some declined, and this was accepted. The service had the use of two mini buses. Day trips were organised and recently some people had gone to the Motor Museum while others had chosen to visit Bourton on the Water. People's level of participation was documented on care records to enable staff to understand what people liked to do. There were activities arranged for people to do and they could choose to be involved in these or not.

Good

Is the service responsive?

A group meeting involving people who lived at the service, was held monthly. One staff member told us, "The resident's meeting means they can discuss topics." We saw on the minutes, someone had requested a radio for the dining room and this had been provided. There was a 'You said, we did' poster on the wall and one person had asked for a clock in the conservatory, which had been arranged. During the meeting people were involved in discussions around activities and had the opportunity to offer any other suggestions. Meetings were also used to discuss issues such as safeguarding and complaints, explaining how people could talk about any concerns they had. Regular meetings gave people the opportunity to get together and formally discuss any issues they had.

People told us they were aware of how to make a complaint if they wished. One person told us, "They do have someone you can complain to," and they knew who this was. Another person told us, "I've got no complaints, but I would know who to complain to." A staff member told us, "Complaints are often minor, but we do take them seriously." We asked some staff how they would support people to complain and they said they would try to resolve it themselves or go straight to the registered manager, but usually they were small things that could be sorted easily. We saw one complaint dated May 2015. There was a detailed reply to this letter from the registered manager. People had the opportunity to raise any concerns and these were responded to by the management team in a timely way.

Good

Is the service well-led?

Our findings

We spoke with people and staff about the provider's management team. A relative told us, "There is a nice feel in the home, the managers are approachable, I'd give them ten out of ten." A relative told us "It's well organised, a smashing place and people living there seem happy." Staff told us they liked working at Eden Place, senior staff and the management team were approachable, and they had no concerns.

The management team consisted of a registered manager and deputy manager. The registered manager had been in post since September 2014 and was also the registered manager for Eden Place - 9 Manor Road and Ashley House. Monthly management meetings were held to ensure there were formal opportunities for communication amongst the management team. The registered manager told us support from the provider was very good and they visited the service weekly. The registered manager provided a monthly manager's report to the provider and this covered areas such as feedback from meetings for people at the service and complaints, so they had an overview of this. The management team and nurses took part in an 'on call' rota so they could support people and staff 'out of hours'. Systems were in place to enable the management team to work together and support people and staff effectively.

Several staff had worked at the service for a number of years and there was a positive culture amongst the staff group. Some staff had taken part in an event to fundraise for a children's charity. The team included staff members, the provider and three people that lived at the service. The registered manager had also been selected as a finalist in the National Care Awards and told us they were keen to nominate other staff at the service to recognise their hard work. Management and staff worked together as a team and were positive about their achievements.

The registered manager told us they were committed to the continual improvement of the service and the care people received. Staff were encouraged to be involved in the improvements. One staff member told us, "They're bringing things up to the 21st century," and gave an example of plans they had to produce computerised bank statements for people at the service to replace the current hand written records. The registered manager had other plans to make improvements and these included arranging more training away from the service, so staff could have an opportunity to learn in a different environment, away from their day to day duties. A new website had been developed including an on-line newsletter and this was about to go 'live'. The registered manager had also identified that although they were 'self-governing' in their own role, they may benefit from some external management supervision and this was being arranged. The management team strove to develop the service and introduce new ways of working to support people more effectively.

The registered manager told us about some of the challenges they faced at the service and that external mental health services in the community were currently lacking. The deputy manager told us, "There is no wider community," to support people and this could impact on them when further support was required. For example, if a person needed to move to another service, reassessment and finding a new placement could prove difficult. A lack of community mental health resources impacted on the service and how they could support people.

People were positive about the premises at Eden Place. One friend told us, "I think it's quite nice," and a relative described the environment as, "Quite homely." The service was over three floors with a lift for people to use. It was currently being redecorated and refurbished with new furniture being purchased. One staff member told us, "The building has improved over the last six to seven months, decorating has been done." We asked them if they would like to change anything further and they told us, "Wider corridors," so this would be more accessible for wheelchair users. Overall people were happy with the current environment and further work was being undertaken to improve this further.

The registered manager encouraged people to be involved in the running of the service. They told us they welcomed feedback from people, families and staff, and explained, "It helps us improve." One staff member told us, "The management are really approachable; people are not scared to say something. They know it's acted on." We saw a suggestions box in a communal area which was used to identify better ways to improve the quality of care and this was checked by the registered manager daily. We saw a survey completed by people in 2015. Some comments were made asking for more 'in house' activities and an issue had been raised about ventilation in one bathroom. We saw action had been taken in response to these. The registered manager had analysed the results of the survey

Good

Is the service well-led?

and we saw most people said they were either 'happy' or 'not interested' in completing a survey at all. The registered manager told us one staff member was leaving the service and they had arranged an 'exit' interview to understand the reasons why. The registered manager listened to people's views and suggestions and acted on these where possible.

The registered manager was able to tell us which notifications they were required to send to us so we were able to monitor any changes or issues with the service. We had received notifications from the service when they were required. They understood the importance of us receiving these promptly and of being able to monitor the information about the service.