

Eden Cottage Care Home Limited

Eden Cottage Care Home

Inspection report

37 Cobden Street
Darlington
County Durham
DL1 4JF

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04 April 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 4 April 2017. The inspection was unannounced.

Eden Cottage Care Home is a residential care home based in a residential area of Darlington, County Durham. The home provides personal care for older people and people living with dementia. It is situated close to a range of local amenities and transport links. On the day of our inspection there were 22 people using the service.

The service had a registered manager who was on maternity leave at the time of our inspection. However there was a temporary manager in place who was in the process of registering with us.

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.

We last inspected the service in January 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

The atmosphere of the service was lively and homely with lots going on. Relatives told us the service was very welcoming and family orientated. People who used the service and their relatives that we spoke with told us they felt the service had a warm and friendly approach.

Without exception we saw staff interacting with people in a person centred and caring way. We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness. We saw staff being considerate and communicating with people well.

We saw that people were encouraged to enhance their wellbeing on a daily basis to take part in activities that encouraged and maximised their independence and this also contributed positively to the atmosphere of the service.

We spoke with a range of different team members who told us they all felt well supported and that the manager and the management team was supportive, and they were receptive, open and approachable. We also spoke with two of the managing directors.

Throughout the day we saw that people who used the service, relatives and staff were comfortable, relaxed and had an extremely positive rapport with the manager, directors and also with each other.

From looking at people's care plans we saw they were written in plain English and in a person centred way. Care plans also included a 'one page profile' that made use of personal history and described an individual's

care, treatment and support needs. These were regularly reviewed and included family members and people in the process.

Each area of the care plan had a personalised risk assessment. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care plans we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example their GP, community nurse or optician.

Our observations during the inspection showed us that people who used the service were supported by sufficient numbers of staff to meet their individual needs.

Records showed staff were supported and able to maintain and develop their skills through training and development opportunities. The staff we spoke with confirmed they attended a range of valuable learning opportunities. They told us they had regular supervisions and appraisals with the manager, where they had the opportunity to discuss their care practice and identify further training needs. Records showed there were robust recruitment processes in place.

We observed how the service administered medicines and how they did this safely. We looked at how records were kept and spoke with the deputy manager about how senior staff were trained to administer medicines and we found that the administering process was safe.

People were actively encouraged to participate in numerous activities that were well thought out, organised, personalised and meaningful to them. We saw staff spending their time positively engaging with people as a group and on a one to one basis in fun and meaningful activities. We saw evidence that people were supported to go out regularly too.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a varied selection of drinks and snacks. The daily menu that we saw was reflective of people's dietary needs, likes and dislikes and offered varied choices.

We saw a complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments that we looked at were very complimentary to the care staff, management and the service as a whole.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been reviewed through a range of internal audits. We saw that the local authority contract team visited the service as well as the local infection control team and we noted that action had been taken to improve the service or put right any issues found.

We found people who used the service and their representatives were regularly asked for their views about the care and service they received at meetings and via surveys.

We found that the registered manager ensured that the service made good links with the local community and public resources across the county to benefit the people who used the service.

People also had their rights respected and access to advocacy services if needed.

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 ●

This service remains safe.

Is the service effective?

Good ●

This service remains effective.

Is the service caring?

Good ●

This service remains caring.

Is the service responsive?

Good ●

This service remains responsive.

Is the service well-led?

Good ●

This service remains well led.

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 4 April 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one adult social care inspector.

At the inspection we spoke with four people who used the service, four relatives, the deputy manager, the manager, two managing directors, two care staff, one kitchen staff and the activity co-ordinator.

Following our inspection we spoke with the GP and community nurse who both regularly visited the service.

Before we visited the service 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 the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff and by observing practices and interactions between staff and people who used the service.

We also reviewed records including three staff recruitment files, medication records, safety certificates, three care plans and records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings, newsletters, monitoring information and policies.

Is the service safe?

Our findings

People we spoke with told us they felt safe and there were enough staff to meet their needs safely. People felt the home was a safe and secure environment for them. One person who used the service told us, "I feel safe here, the staff help me with my oxygen and my tablets, I don't want to leave." Another told us, "Yes I am safe I can call the staff when I want them."

Relatives we spoke with confirmed they felt their relatives were safe at the service. One relative told us, "I feel happy that [name] is safe here. This is a big thing for the family and we all had concerns but it's safe and it's everything we wanted." Another relative told us, "The staff ratio seems right there are always around, visible."

We saw staff interacted with people on a one to one basis and helped people to take part in activities. Staff were not rushed and had time to talk with people and their relatives. People who used the service told us there were enough staff available to them. One person who used the service told us, "The staff sometimes take a long time but it depends what they have going on but generally they are quick when I press my call button."

When we spoke with relatives they told us how they accidentally set off their relative's sensor mat and they said; "We have no concerns the staff were there in minutes." A sensor mat would be placed by a person's bed and is assistive technology that alerts staff if someone who is at risk of falls is walking around without supervision.

We found the service had recently installed an improved call system in people's bedrooms so they could alert staff if needed. This system was computer based and the management team were able to monitor the calls and how long staff took to attend to them. We saw the most recent reports showed 80.1% of calls were answered within three minutes.

Rotas showed there was a consistent staff team and a low turnover of staff. The home had not used agency because there was sufficient staffing to provide cover arrangements within the existing staff team. One of the directors told us, "We have never needed to use agency staff, we are able to arrange cover from our own staff team. We prefer to do it that way as the people here have got to know the staff and are used to the same faces."

We looked at four staff files and saw the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a disclosure and barring service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

We saw that systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). This included the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management.

We saw people's individual medicines records contained their photograph, allergy information, relevant contact numbers, medicine information and their preferences regarding how they liked to take their medicines. We watched staff administer medicines. Staff carefully explained what they were doing and asked the person's permission. They offered people drinks to take with their medicines. Where people needed medicines as and when required we saw these were offered and protocols were in place. Body maps were in place for people who were prescribed topical creams to direct staff.

Medicines administration records were completed when medicines were administered to people; we found they had been completed correctly. We saw that staff administering medications had received training and had their ability to administer medicines was assessed by the deputy manager.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely. Any faults or maintenance issues were recorded in a maintenance book and we saw that action was taken in relation to any issues identified.

We found that the service held regular fire drills and operated a zone approach in the building as part of fire drills. This meant that the staff would close off an area of the building in the event of a fire and move people to a safe zone.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

We saw the service undertook regular cleaning, including deep cleaning when required and that the service was clean with no odours. When we spoke with relatives they told us they had previously raised issues regarding odours in the home and they were satisfied that this had been addressed appropriately.

We looked around the home and found all areas were clean and well presented. Personal protective equipment (PPE), paper towels, hand sanitizer and liquid soap were available throughout the home. We also witnessed care staff using PPE appropriately, for example when dispensing medicines and serving food.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found there was an established staff team and people who used the service and their relatives felt that staff knew them and their care needs well. One person told us, "The staff pop in to see me and they are great company. They know what to do to help me, they know what I need." One relative told us, "The staff have training on things like dementia and know how to help people."

Records showed a wide range of community professionals were involved in the care and treatment of people who used the service, such as the community nursing team, physiotherapists, dieticians, GPs and opticians.

The service had a weekly visit from the local GP practice and also a weekly visit from the community nursing team. We were able to speak with one of the visiting GPs and they told us, "The staff are very proactive. Medicines are pre ordered, things are never rushed or last minute. The staff know and can anticipate what is needed. The whole team, the owners and the staff know people really well."

Supervision and appraisals took place with staff regularly to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development. These supervisions had actions for staff and the manager to follow up and we could see that these supervisions monitored staff progress.

The service had made some recent environmental changes including new flooring in the lounge and dining area and had also added two extra rooms to increase their occupancy; staffing levels had increased to reflect this. However the hallways in the service were in need of updating as these were very dark and the carpeted areas were worn. When we spoke with relatives they told us they felt this should be updated and we saw that this had also been raised by the staff in their annual questionnaire. When we raised this with the management team they assured us this work was planned to take place and they were in agreement that it needed improving.

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. We saw evidence of how this was monitored in the staff supervision files. When we spoke with one of the directors they told us, "New starters sign up to this and they complete the skills for care work books."

We saw the training matrix and this showed us the range of training opportunities taken up by the staff team to reflect the needs of the people who used the service. The courses included diabetes, moving and handling, infection control, safeguarding, food hygiene, fire safety, mental capacity and first aid. All staff we spoke with were aware of the whistleblowing policy in place.

We saw people enjoying their lunch and later their evening meal in the dining room. We could see that there were enough staff available to support people and staff encouraged and supported people who needed assistance. People could have their meals in their room if they wished. The atmosphere in the dining area was relaxed and not rushed.

Throughout the inspection we observed people being offered a selection of drinks and snacks and support to have them if needed. A water cooler was available in the lounge for people to access and juice drinks were also available. The menu that we looked at was balanced and offered two choices at every meal. We could see that if a person didn't want what was on the menu or even changed their mind, this wasn't a problem and other options could be arranged. We saw that the evening meal was being prepared and we saw six variations of choices to cater to people's individual needs.

One person who used the service told us, "The food is great." Another person told us, "I like most foods, the food is good. It's fish and chips on Friday." Relatives told us they felt there could be more fruit on offer for people and we saw that there was fruit available.

We spoke with kitchen staff and they told us how they could cater for any special dietary requirements if needed from allergies, diabetes and how they could fortify food to add calories for people at risk of malnutrition.

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 to 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. There were a number of people who used the service with a DoLS in place and these were applied for and monitored by the manager.

Where possible, people were asked to give their consent to care, before any treatment or support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

Is the service caring?

Our findings

People and relatives we spoke with said staff were caring, supportive and professional at all times. One person who used the service told us, "The staff are lovely, they are really good company."

We spent time observing people throughout the inspection and there was a consistent relaxed, warm and homely atmosphere. Relatives we spoke with told us they were always made to feel welcome. They told us, "There is a homely feel, we come here most days and we are always welcomed. Nothing is brushed to one side, the staff are caring."

We saw staff interacting with people in a positive, encouraging and caring way. We spent time observing the support that took place in the service. We saw people were respected at all times by staff and treated with kindness. Staff we spoke with were able to clearly demonstrate how they promoted people's independence, we observed staff offering people support and encouraging people to be independent. One staff member told us; "We encourage people to do as much for themselves as they can, like their personal care."

When we asked people how they were supported to be independent one person told us, "I have a walker now so I can be escorted to another room. I used to have to be taken by the staff. I feel I have improved."

People who used the service and their relatives told us how they were encouraged to make choices for themselves. One relative told us; "Yes [name] wouldn't do anything they didn't want to do."

We saw that people were encouraged to maintain relationships and this was evident in people's care plans and from speaking with people's relatives. One relative told us, "[Name] came here as respite and now wants to stay, they are so settled here now and the family can come in here just as we did when [name] was at home, nothing has changed we're all still coming in." We saw evidence of how the staff had supported one person to use Skype on the tablet to call their relatives in France. This showed us that staff had a good relationship with relatives and people were also supported to keep up their relationships.

People who used the service told us they had been supported to maintain relationships that were important to them. We met with visitors during our inspection and people told us their family and friends were able to visit them at any time.

We observed staff respected people's dignity and people we spoke with told us staff maintained their privacy and dignity. When we spoke with relatives they told us, "[Name] is always very well presented and the staff are very quick to assist someone discreetly if they have made a mess on their clothes for example."

At the time of our inspection one person who used the service had access to advocacy services and when we spoke with staff and the manager they were knowledgeable and knew who to contact if anyone needed independent advice and assistance. This meant that the service supported people to maintain their rights and when making decisions.

People who used the service, who wanted, had end of life care plans in place. The GP who visited the service told us, "The staff are very good at anticipating when end of life care is needed and when to contact multidisciplinary team for support."

Is the service responsive?

Our findings

On the day of our inspection we saw people were enjoying a sing along session and people told us they took part in the activities arranged when they wanted to. Some told us they chose not to join in and some were aware of what was planned. One person told us, "I like my own company, I have lots of visitors. I enjoy listening to the singing, I can hear it from my room. I like my colouring in."

The service had an activities co-ordinator and a programme of planned events and activities. We spoke with the activities co-ordinator and they told us about the events that were planned and what had taken place. A recent trip to Hurworth had taken place where the people had enjoyed an organised tea dance where there were vintage singers and activities. The next planned trip was to Yarm to see the local operatic society perform West Side Story.

We saw people were involved in planning the activities. There was a range of activities planned for people to choose from including: coffee mornings, organist, and aromatherapy pamper sessions, singing, gentle exercises, music quizzes and bingo. The activity co-ordinator had worked at the service for 28 years and they told us, "We try new things to see if people like them. I like to do the things that people enjoy then they are more likely to join in. Most people enjoy music and we have a range of different tastes here from opera to seventies music and I try to accommodate everyone. Music sparks off memories; some people can't talk much but can sing a whole song."

The care plans that we looked at were person centred and gave details of the person's likes and dislikes, risks associated with the person and their daily routines. These care plans gave an insight into the individual's personality, preferences and choices. People's histories were also recorded in the care plans and included documents that were easy to follow and included photographs. When we spoke with the deputy manager they told us that they involved people in the process and told us, "We don't just have one care plan we have 22 people so each one is done on their own, each person's is different."

Within the care plans were daily notes and these were done electronically on a tablet. Staff showed us how they did this and told us that it saved them time and they preferred this. One staff member told us, "There is a comments section where you type in what the person has done that day and there are other sections where you choose options, it's so much easier." When we spoke with one of the directors they told us, "The new tablets have given the staff more time to spend with the people which is more important."

When we asked the people who used the service and their relatives if they knew how to make a complaint or raise issues everyone we spoke with was aware how to raise concerns or make a complaint if they needed to. One relative told us, "We have raised concerns and we were happy how it was dealt with. The relevant people were involved and they kept us informed. The issue was resolved."

This showed us the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed. When we looked at the complaints and compliments file we found there were a number of compliments. Where the service had received complaints we saw they had been

addressed by the manager appropriately and communication and outcomes were recorded clearly.

Is the service well-led?

Our findings

At the time of our inspection visit, the registered manager had recently begun their maternity leave. There was a manager in place at the service who was in the process of registering with us. A registered manager is a person who has registered with CQC to manage the service. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have.

We asked people's relatives for their views on the management of the service. Comments included, "We have been introduced with the manager. Everyone is very open and approachable" and "We have got to know the management. There should be more homes like this."

Staff we spoke with told us how they felt the management team was supportive and approachable. One staff member told us, "All of the management team are good they are always around if you need them."

The home held regular coffee mornings and had made links with other care homes in the area by inviting them along. The registered manager also established a 'pen friend' scheme for people who used the service to write and receive letters from other people in the Teesside area and we saw evidence of these letters.

The manager ran a programme of audits throughout the service and these were carried out regularly. We saw there were clear lines of accountability within the service. We saw quality audits were also carried out by the directors and these included staffing, health and safety and facilities. The manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the directors.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

We saw the service held regular management meetings and staff meetings. Any issues found following audits including local authority and infection control audits were raised at these meetings and ways forward discussed.

During the inspection we saw the most recent quality assurance survey results. Relatives and people who used the service, staff and visitors to the service had taken part in the survey. Relatives could also attend meetings to raise issues and share ideas. One relative told us, "We filled in a questionnaire that we received, it covered a wide range of areas for us to comment on."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. All records observed were kept secure, up to date, were of a very high standard in particular the daily notes that were recorded electronically and were maintained and used in accordance

with the Data Protection Act.