

Eden Cottage Care Home Limited

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Inspection report

37 Cobden Street
Darlington
County Durham
DL1 4JF

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22 January 2019

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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

Eden Cottage Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Eden Cottage accommodates 22 people in one adapted building. There were 21 people using the service at the time of this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff knew how to keep people safe and reduce the risks of harm from occurring. Staff had completed training in safeguarding and understood their responsibilities to report any concerns.

There was a registered manager and deputy manager working at the home as the management team.

Robust recruitment and selection procedures ensured suitable staff were employed. Risk assessments relating to people's individual care needs and the environment were reviewed regularly. Medicines were managed safely and administered by staff trained for this role.

Staff received appropriate training and support to meet people's individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and had access to healthcare professionals as and when this was needed.

People were supported by kind and respectful staff who valued people's individuality and independence. We observed positive interactions between people and staff. People could make choices about how they wanted to be supported and staff treated them with dignity and respect. There was a welcoming and homely atmosphere at the service.

People received support which was person-centred and responsive to their needs. Person-centred is when people's preferences are respected. Personalised care plans were in place which helped staff to know how people wished to be supported with daily living. People were involved in developing and reviewing their care plans and decisions about their care.

People were supported to take part in valued individualised activities including regular community outings and entertainment to engage people and prevent social isolation.

People spoke positively about the registered manager and the provider. There was an effective quality assurance system in place to ensure the quality of the service and drive improvement.

There were systems in place for communicating with staff, people who used the service and their relatives to ensure they were fully informed via meetings and newsletters.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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 was a comprehensive inspection which took place on 22 January 2019. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time with people living at the service. We spoke with four people who used the service, three relatives, kitchen staff, the deputy manager, three care staff and the providers/owners.

We reviewed three people's care records and three staff files including recruitment, supervision and training information. We reviewed five medicine administration records for people as well as records relating to the management of the service.

Is the service safe?

Our findings

People felt the service provided safe care. One person told us, "I feel safe here, the staff are always about, depends how busy they are. Staff make me feel safe."

There were systems and processes in place to safeguard people from abuse. The provider had an up to date safeguarding policy and staff received training in this area.

Medicines were managed, stored and administered safely and effectively. Medicine administration records (MARs) we viewed had been completed fully and accurately. This meant people had received their medicines as prescribed and at the right time. People who received topical medicines were supported, however, we found that some charts were not present. The deputy manager addressed this immediately and arranged for the pharmacy to provide the correct paperwork for staff to complete.

People had individual risk assessments in place that reflected their needs. These were regularly reviewed and up to date. Where risks were identified, care plans addressed the way in which staff could mitigate these risks. Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise risk of further incident.

Personal emergency evacuation plans (PEEPs) were in place for each person and the provider had a business continuity plan in place to ensure minimal disruption to the delivery of care in case of an emergency. Fire drills took place regularly and included evacuation practice.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the deputy manager regularly. Regular maintenance checks and repairs were carried out. These included regular checks on the premises and equipment, such as hoists.

There were enough staff on duty to meet people's needs individually and safely. Staff were visible at all times and people who received one to one support were provided with this.

Safe recruitment procedures were still being followed. Pre-employment checks included reference checks and Disclosure and Barring Service (DBS) checks. The DBS carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

The service was clean and tidy. Flooring had been replaced in some areas and there were further, plans to replace in other areas of the home. Staff were observed using personal protective equipment where required such as, aprons and gloves and domestics were visible and seen carrying out regular cleaning activities.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Deprivation of Liberty Safeguards (DoLS) applications had been submitted appropriately and CQC had been notified of any authorisations. Staff had been trained in the MCA and DoLS. Mental capacity assessments and best interest decisions had been made and appropriately recorded.

People were supported by staff who were trained and had the right skills and knowledge necessary to meet their needs. Essential training was up to date and specialist training was delivered to ensure staff had the skills necessary to support each individual. Staff told us they valued the training they received. One staff member told us, "Training is every six months to a year and we go on courses, the last one was diversity and a dementia course. I quite enjoy them."

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them.

Staff told us they felt well supported by management. They received regular supervisions and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

Peoples nutrition and hydration needs were met. We observed people being offered regular snacks and refreshments. At lunchtime in the dining areas and found it to be a relaxed and sociable experience. Some people chose to eat in their own rooms.

We spoke with the chef who had a system in place for supporting people's nutrition needs and for any special diet requirements such as those who were diabetic and people who needed a fortified diet. The chef told us, "We add milk powder to foods and to cups of tea if people don't like to eat much; this increases the calories and helps people gain weight who need it. We have people who need a soft diet. I shred any meat but present it so it still looks like a slice of meat. For people who are diabetic, I always make their desserts look the same, but with no sugar so they don't feel singled out."

The premises were homely, purpose build and provided a choice of communal areas. The building was adapted to meet the physical needs of people, including signage.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where support was needed. We saw how people were supported to attend appointments.

Peoples needs were assessed and this was ongoing and reflected within their care plans regularly.

Is the service caring?

Our findings

People were very happy with the care they received and spoke highly about the staff. Comments included, "Not a posh place but it's very homely and the care is good." And "It's the care that counts."

Staff explained how they promoted choice, privacy and dignity. They told us people were supported to decide what to wear each day and given choices at mealtimes and with activities and outings. During lunchtime we observed staff checking that people were happy with the choices they had made and offering alternatives without hesitation.

Privacy and dignity was respected by staff and they were discreet when offering people support. Personal interactions took place privately to respect dignity and maintain confidentiality. Staff were seen knocking on people's doors and waiting before entering and all interactions between staff and people using the service was friendly but respectful.

During our inspection we observed people being supported with dignity and respect especially at meal time and also when being assisted with their mobility to get around the home.

People were supported to maintain their independence wherever possible. We observed staff supporting people to do things for themselves. For example, when joining in with activities if they wanted to and also accessing the hair dresser who was visiting at the time of our inspection to ensure people maintained their personal identity.

People were involved in reviewing their care and took part in meetings with the deputy manager to go through their care plan and make any changes that were needed. Families, social workers and other healthcare professionals were also included in the process.

People were supported to follow their chosen religion and we saw that local churches visited the home to help people worship regularly.

We asked the staff if they supported people with their cultural needs and they explained they didn't have anyone who needed that support at the moment but they would be prepared if they did. One member of staff told us, "If someone moved in tomorrow with cultural needs, I would get in whatever we needed. I always sit down with people when they move in to find out what they like and to get to know them. It is their home and it's important to make sure they are happy."

Advocacy support was available to people if required to enable them to exercise their rights. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. One person who used the service had an advocate who visited them regularly to support them with decision making. We spoke with staff who told us they were able to make arrangements if anyone else required an advocate to support them. One member of staff told us, "Yes they have an advocate because unfortunately they have no family. The advocate visits a lot and chats with them and the staff, and attends any meetings and checks

their care plan."

Is the service responsive?

Our findings

People were supported to take part in numerous activities of their choice and one to one activities. During our inspection we saw people were busy and there was a full timetable in place.

During our inspection there was a singing activity provided by the local Methodist church circuit. We saw that this was very engaging and lots of people joined in and enjoyed the session. The hairdresser was also present during our inspection and this was also popular.

When we spoke with people and their relatives they told us how they enjoy taking part in activities. Comments from relatives included; "I enjoyed the singing today, brings back memories, I don't need the sheets I remember all the words."

The service continued to support a 'pen pal' project that provided people with support to receive and write letters to likeminded people and make new friends.

The care plans we looked at were up to date, comprehensive and tailored to meet people's individual needs. We saw these were reviewed on a regular basis and contained personal information about people's life history, likes and dislikes. This meant staff had detailed up to date guidance to provide support in a way that met people's specific needs and preferences.

People's care plans covered all aspects of people's care and support needs and also had a section relating to spirituality and wellbeing. One person's plan included; 'What is important to you? To live a good clean life, what makes you happy? Seeing others happy too, what makes you sad? Seeing people ill or shouting. How can we maintain your wellbeing? Keeping me healthy, Have you any end of life wishes? To die peacefully'.

No-one at the service was receiving end of life care at the time of our inspection, however, people had a section within their care plan that reflected their wishes regarding end of life care. Staff had received training in this area.

People were supported to maintain relationships within the community and with their families and friends. One person we spoke with told us; "My wife and family visit and we have privacy."

People were supported to raise any concerns or complain if they wished. We saw evidence that complaints were handled in line with the providers policy. There had been no recent complaints received in the previous twelve months and previous complaints had been investigated fully and recorded appropriately.

Information could be made available in various formats. The provider told us how they could make relevant information in larger print for example or easy to read if needed, they also accessed talking books and the talking pages newspapers for people who preferred this type of information.

People were asked for their views on the service during regular resident meetings and in the annual survey.

We saw that the feedback was positive.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was not present during our inspection as it was their day off, however, the provider's and deputy manager were available.

Staff spoke positively about the management team, including the registered manager, deputy manager and the provider. One member of staff said, "Management are good yes, it's not like having your bosses there, it is nice and relaxed. The owners (providers) are here a lot."

The deputy manager told us how people were encouraged to be active citizens within their local community by using local services regularly with support. They told us about the range of community activities that people were involved in including; using the local ladies group 'Pimms and Needles' aimed at tackling social isolation by providing activities and the opportunity to meet new people.

The deputy manager conducted a programme of regular audits throughout the service. We saw there were clear lines of accountability within the service and management arrangements with the provider. Audits had been effective in identifying and generating improvements in the service, for example regarding medicines.

There was a good system of communication in place to keep staff, people using the service and their families informed of what was happening within the service.

The deputy manager held regular staff meetings to discuss relevant information and policy updates. We saw the minutes of these meetings and how people's needs and care plans were discussed. Staff told us they valued these meetings.

The deputy 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 carried out. This was used to reduce the risk of any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

Policies and procedures were in place and were regularly reviewed and in line with current legislation. All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.

The provider had made timely notifications to CQC when required in relation to significant events that had occurred in the home.