Mrs H Haddow

Eridge House Rest Home

Inspection report

Eridge House
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 29 March 2018 and was unannounced.

At the previous inspection of this service in August 2016 the overall rating was requires improvement because we found improvements were needed in relation to the safe management of medicines, the quality assurance system was not robust and the provider had not informed the Care Quality Commission (CQC) about notifiable incidents and accidents.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and confirm that the service now met legal requirements. We found improvements had been made, the provider had met the legal requirements and the overall rating had improved to Good.

Eridge House Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to provide personal care and accommodation for up to 43 older people. At the time of the inspection there were 34 people living there. Most people were independent and had capacity to make decisions about the support and care provided; they went out into town and for meals with relatives and friends. Others due to frailty and health care needs such as diabetes and following a stroke were supported with personal care and mobilising around the home.

Eridge House Rest Home has a registered manager. They were on leave at the time of the inspection and the deputy manager was available to assist the inspection. 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 quality assurance system had been reviewed and areas for change had been identified and prioritised to drive improvement. The management had carried out regular audits, including medicines, care plans, health and safety and infection control. The registered manager had sent notifications to CQC with regard to incidents that may affect the provision of care and support.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. People at Eridge Rest Home can all communicate effectively. However, where people had specific needs, such as slight confusion or limited eyesight, a 'passport' had been developed and included in their care plans for people to take with them if they had appointments outside the home.

Staff had received relevant training and were supported to develop their knowledge and professional practice through regular supervision and yearly appraisals.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware of current guidance to ensure people were protected. DoLS applications had been requested when needed to ensure people were safe.

Risk had been assessed and people were encouraged to be independent in a safe way, with the provision of walking aids and assistance from staff as required. Safeguarding training had been provided; staff understood how to protect people from harm and what action they should take if they had any concerns. Emergency procedures had been developed to support people if they had to leave the building; there were regular checks of the environment and staff followed the providers infection control policies with a cleaning schedule that ensured people were protected.

Care plans were written and reviewed by people and staff, to ensure people made decisions about all aspects of the support they received. People were supported to eat nutritious meals and drink enough fluids and staff provided assistance when needed. Staff supported people to maintain their health and well-being, with appointments arranged with healthcare professionals as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff managed and administered people's medicines safely.

Staff understood the safeguarding procedures to protect people from the risk of abuse and how to raise make a referral if they had any concerns.

Risks to people had been assessed to protect people while enabling them to be independent.

There were enough staff employed to provide the support and care people needed. Recruitment procedures were used to ensure only suitable staff worked at the home.

The home was well maintained with effective policies to keep people safe from the risk of infection.

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 was well-led.

Quality assurance and monitoring systems were used to identify areas to drive improvement. Notifications were sent in to ensure CQC was up to date with incidents that could affect the services provided.

Staff were aware of their roles and responsibilities and felt all of the staff worked well together as a team.

Feedback about the service provided was consistently sought from people, relatives and staff.

Comments from external health and social care professionals showed that staff worked in partnership with other agencies.

Eridge House Rest 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 checked 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 the 29 March 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, including safeguarding's and notifications which had been sent to us. A notification is information about important events which the provider is required to tell us about by law. 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 spoke with 10 people living in the home and five visitors. We spoke with nine staff including the provider, deputy manager, care staff and the cook.

We observed the care and support provided and interaction between people, visitors and staff throughout the inspection. We observed medicines being given out and looked around the home.

We looked at a range of documents related to the care provided and the management of the home. These included four care plans, medicine records, three staff files, accident/incidents, complaints and quality assurance audits.

We asked the deputy manager to send us copies of records after the inspection including policies and procedures for equality and diversity, safeguarding and infection control. These were sent to us as requested.

Good

Is the service safe?

Our findings

At the last inspection this key question was rated requires improvement. This was because time was needed for staff to update their practice with regard to medicines. At this inspection we found the management of medicines was effective and the rating had improved to Good.

People said they were very comfortable living at Eridge House, they liked their rooms and said staff provided the support they needed promptly. One person told us, "Yes I feel very safe here." Relatives were equally positive and said their family members were supported to be independent in a safe environment.

There were safe systems for the management of medicines. Staff explained how prescribed medicines were ordered, checked and stored. Medicines were ordered monthly and checked in the week before they were needed to ensure they had received the correct ones. They were stored securely in the lockable medicine trollies or cupboard, a fridge was available to use if needed and daily temperatures were taken to ensure the medicines stored there were safe to use. Staff said only senior staff gave out medicines; when they had completed training and had been assessed as competent and records showed this was up to date. The medicine administration records (MAR) were checked by each member of staff when they gave out medicines to ensure there were no errors, such as gaps, and we found the MAR to be completed correctly. The pharmacy responsible for supplying medicines provided support and a monthly audit service to ensure staff followed up to date practice and prescribed medicines were available when needed. Staff told us all medicines had been recently reviewed by the community pharmacist and GPs, with the involvement of people and their relatives if appropriate. One member of staff said, "They looked at all the medicines, there were some changes and some residents had them reduced. It was very good."

Risk assessments had been carried out to identify how much support people needed with their medicines. Two people were responsible for their own medicines, although staff ordered and checked them to ensure they were correct. Other people were given their medicines by staff, who wore a red tabard so that people, visitors and staff were aware they were giving out medicines and should not be disturbed. As required medicines (PRN) were available when people needed. For example, for pain relief. There was clear guidance for staff to follow in terms of what the medicines were for; the amount to be given and how often. Staff asked people if they were comfortable and if they needed anything for pain. In addition, they asked people if the PRN medicines had worked; or observed them so they could contact their GP for them to be reviewed if they had not. Staff completed the MAR, to record what medicines had been given out and when, after people had taken the medicines.

People were protected from the risk of abuse because staff had attended training in safeguarding people and knew what steps to take if they thought someone was at risk of harm or abuse. The contact details for safeguarding referrals were available to staff in the office and there was a whistleblowing policy, which staff said they had read. Staff told us they had talked about making referrals as part of their training and knew how to do this, although they were confident that the registered manager or provider would take steps if they had any concerns. Staff were aware of their own responsibilities and said it was up to them to "Keep residents and staff safe." People told us they felt safe and their relatives said they had no concerns about

people's safety in the home.

Risk to people were well managed and people were supported to be as independent as possible. Where risk had been identified there were risk assessments and management plans, which ensured people were safe but not restricted. For example, one person was at risk of falls if they stood up and moved too quickly. The care plan stated that staff would remind them to wait a few seconds before they started walking, to reduce the risk. This was recorded in the person's care plan which was signed to show they had discussed and agreed to this with staff. Accident and incidents were recorded and audited to identify any trends and action was taken and learned from to minimise the risk of reoccurrence. For example, a sensor mat had been placed underneath the sheet on a person's bed who was at risk of falling, so that staff knew if they got up and could assist them promptly. In addition, they had contacted the 'Falls Team' for advice about reducing risk and they were told that the systems they had in were sufficient to reduce the risk as much as possible.

Staff had an understanding of equality and diversity and were clear that people's needs were different, but they ensured people were treated equally and safe from harm. One member of staff told us, "We have a policy, it protects the residents and staff and there is no discrimination here."

A robust recruitment system ensured only suitable staff were employed at the home and protect people as much as possible. These included completed application forms, two references, evidence of residency and right to work in the UK and a disclosure and barring system (DBS) check to ensure they were safe to work in care. The deputy manager said the checks were completed before staff worked at the home and new members of staff said their checks had been done before they started work at Eridge House. Staff said there were enough staff working at the home to provide the support and care people needed. One member of staff told us, "There are enough of us here, but we can ask for more if a resident is poorly and we need to spend more time with them. It's not a problem." People also said there were enough staff. One person told us, "I can do most things for myself, but staff do come quickly if I call them." We saw that staff were not rushed, call bells were answered promptly and they had time to talk to people and visitors

Environmental risk assessments and checks ensured the home was safe for people, visitors and staff. The Provider Information Record (PIR) stated that management walked around the home daily to check the environment; to ensure there are no hazards, that fire exits are clear and records had been completed. Such as air mattress forms, stand aid/hoist forms and food and fluid forms. Staff said they knew these checks were carried out daily; they were reminded if they had not filled in the forms at the time and also during handover and supervision. Records showed that checks had been completed for electrical equipment, water temperatures, the call bell system and emergency lighting. A gas safety record and electrical certificates were in place and checks had been completed on the lifts and hoist. Personal emergency evacuation plans (PEEPs) were available for each person; with details of the assistance people needed to leave the building. Fire alarm testing was carried out weekly and fire training was provided regularly for staff.

The home was well maintained and clean throughout with ongoing repairs and maintenance. There had been a number of improvements since the last inspection. Two corridors and bathrooms have been redecorated and a new bath chair had been provided in one. There were ongoing plans for redecoration in the home. People said they liked the homely atmosphere at Eridge House and were happy with their rooms. One person told us, "I spend a lot of time in my room, I am happy here and content."

Staff had attended infection control training. Protective personal equipment (PPE), such as gloves and aprons were available and we saw staff used these when needed. Hand washing and hand sanitising facilities were available throughout the home and staff used these. Laundry facilities with appropriate equipment to clean soiled washing safely were available.

Good

Is the service effective?

Our findings

At the last inspection this key question was rated good. At this inspection the good rating had been sustained.

People were supported to eat a healthy diet. They were involved in decisions about the menus and said they food was very good. One person told us, "We have a choice for each meal, they are very good." Appropriate training was provided for staff and regular supervision enabled them to discuss their professional development and keep their practice up to date.

People said the staff looked after them very well and knew how to provide the support they needed. One person told us, "They have training and know how to look after us." Staff said there was ongoing training and regular updates, which they had to attend. There was a £30 fine for staff to pay if training was missed and there was no explanation. A training board in the staff room displayed the training dates, information about the training and when staff had to attend. These included catheter care, continence and bowel study. The training plan showed moving and handling, fire and medication training had been provided this year and infection control, health and safety and dementia awareness had been booked May to July. Staff said the management was very supportive and that the training provided was good, with most arranged at the home.

New staff completed induction training and worked with more experienced staff until they were confident and had been assessed as competent to assist people on their own. The deputy manager said new staff signed up to the Care Certificate and all staff were encouraged to work towards health and social care qualifications. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. One new member of staff said they shadowed staff during their first week and were continuing with their induction training.

Regular supervision was provided to support staff to discuss their roles and responsibilities and yearly appraisals were used to review their practice. Staff said the supervision was good, time was set aside to sit down and talk about their work, the home and put forward suggestions about training and if they thought something could be improved. Staff also said the registered manager was always available and they could talk to them and the provider at any time.

Staff told us people living in the home did not have a diagnosis of dementia, although some may be forgetful. They had contacted one person's GP for a referral to the memory clinic and this had yet to be arranged and, they are continuing to discuss the person's support needs with health professionals. Staff said people had the capacity to make decisions about the care provided and if they thought it was necessary they would talk to relatives, with the person's permission. Staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had attended relevant training. We saw that people made decisions about all aspects of their day to day lives. For example, staff had asked for their consent to check them at night and this had been recorded in their care plan. People decided where and

how they spent their time, some chose to remain in their rooms and had their meals there, while others sat in the lounge or used the dining room. Staff understood the importance of ensuring people made decisions, they said they consistently asked people for their consent before they offered any assistance and we saw staff doing this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood when an application should be made and the process for doing this. The deputy manager said a DoLS application had been sent to the local authority and it had been agreed; but was no longer needed, "Because they have settled in very well and have no wish to leave."

Staff had a good understanding of equality and diversity and there were policies in place for staff to refer to. The policy provided clear details about the groups covered by the Equality Act 2010; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation and, that these are now called 'protected characteristics'. Staff were confident people's equality, diversity and human rights were protected and they were aware that as employees they were also protected.

People were supported to have enough to eat and drink. People said the food was very good. One person told us, "They always ask what we want and don't give us too much." The chef said the food was mostly made from fresh produce including bread and baking goods, with some frozen vegetable used. She had worked at the home for a number of years, knew people very well and enjoyed the job. The kitchen team included a junior chef, two kitchen assistants and two support staff which meant there were enough staff to ensure meals were not delayed and the kitchen kept clean. Specific dietary needs were met, including diabetic and gluten free diets and staff provided assistance when needed. One person's meal was cut up and plate guards were provided for people who had limited eyesight so that they could be as independent as possible. Choices were offered for each meal and alternatives were available if people changed their minds. Staff said people could really have what they wanted and we saw this was correct. People were weighed regularly and if there were any concerns staff contacted GP for advice or referral to the dietician.

People were supported to be as healthy as possible and staff contacted health and social care professionals as required. GPs visited the home or people attended GP appointments and referrals were requested to health professionals, such as the district nurse depending on people's needs. For example, one person had a stroke before Christmas and physiotherapists and occupational therapist were involved in planning and delivering appropriate care with staff. The visits were recorded and care plans updated if there were any changes to how people were supported. Appointments were also arranged with optician and dentists and the chiropodist visited regularly.

People's individual needs had been met by adaptations to the home and, equipment was provided to ensure they were as independent as possible. People chose where to spend their time. Walking aids had been provided as required and we observed staff using wheelchairs to transfer people who were unable to walk long distances. Staff asked people for their permission before they provided support and they chatted to people as they assisted them and asked them where they wanted to sit and if they were comfortable.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated good. At this inspection the good rating had been sustained.

Staff were kind and caring. One person said, "They are all lovely, they would do anything we ask." Relatives were equally positive saying, "Residents are really well looked after and we are always made to feel very welcome when we come." Staff said they enjoyed working at the home and told us they encouraged people to make choices and be as independent as possible. One member of staff told us, "I enjoy working at Eridge House, better than I expected."

People said they decided how and where they spent their time and we saw they made decisions about all aspects of their day. One person told us, "The staff are lovely and understanding, I prefer to be on my own." Another person said, "I like to sit in the lounge in the afternoon after lunch, it is very good here." The care plans had clear information about the amount of support people wanted and needed and, there was guidance for staff to ensure people were supported to be as independent as possible. One person said, "They always ask if they can do anything to help, which is very nice, sometimes I need more help than others, but I like to do things myself." Another person said, "Yes they ask me about everything and I decide what I want."

Staff knew people very well and ensured that their privacy and dignity was protected. For example, staff knocked on bedroom doors, asked if they could go in and waited for a response before they entered. Doors were kept closed while staff assisted people, with a 'Do not disturb' sign placed on the door to ensure their privacy. Staff respected people's decision if they chose not to have assistance when staff offered. One member of staff said, "It is up to the residents, everything we do is based on what they want to do." People said staff were very kind and respectful. One person told us, "They always ask us what we want and if we are ok. Very re-assuring and they let us decide what we do, which is very nice. I don't think it could be better."

Staff respected people's equality and diversity and offered support based on people's individual preferences. Staff talked about people's life stories, their relatives and friends, interests and hobbies. One member of staff said, "We all know each other very well. Residents know about my family and I know about theirs, we have a laugh, but we treat them with respect, they decide what support they want and make choices about everything."

People were supported to maintain their personal relationships and relatives and friends said they were welcome to visit at any time. Visitors told us, "We visit quite regularly and are always most welcome. We have tea and can sit and chat for as long as we like." "They let us know if there have been any changes, like they need to see the doctor" and, "They know the residents very well and know how much support residents need." Staff chatted to visitors as they arrived, drinks were offered and people and visitors were clearly on friendly terms with staff.

Confidentiality procedures were in place and staff said they were very careful to discuss people's needs in

privacy. Records were kept secure and staff were aware of the General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. This is looked at in more detail in well led.

Good

Is the service responsive?

Our findings

At the last inspection this key question was rated good. At this inspection the good rating had been sustained.

People said staff listened to them and they were involved in planning the care and support they received. One person told us, "We decide what we want to do, some people go out shopping, for lunch or do the activities, it is up to us." Relatives also said people were encouraged to make decisions about the support provided. One relative told us, "The staff are all very good, they know exactly how much care residents need, we have no concerns." A range of activities were provided and people took part in these if they wished.

The deputy manager said people's needs had been assessed before they moved into the home, to ensure they could provide the support and care needed to meet their needs. The information from the assessment was used as the basis of the care plans and there was evidence these had been written with the involvement of people, and their relatives if appropriate. Signatures were in place to show that people had agreed with the information recorded, as well as consent for photographs, sharing the information with external professionals and for reviews of their care plan.

Staff knew people very well and were able to tell us each person's support needs, their preferences and interests. Care plans were personalised; they identified each person's individual needs and there was guidance for staff to follow to ensure people received appropriate care and support. For example, staff had noticed that one person had become more confused at times. Action had been taken to obtain a specimen to rule out a urinary tract infection, which can cause confusion and, the guidance for staff was to provide more explanations about the care and support offered. Staff demonstrated a good understanding of this person's changing needs, they said they spent time explaining the support they offered and waited for a response before they provided any care. One member of staff said, "All of the residents make decisions about the support we provide and it is our job to make sure they can do that, especially if a bit confused at times." People and staff said they talked about each person's care needs and agreed between them how this would be provided. One person told us, "They are always asking if I need anything and willing to help any of us I think." Another person said they had a care plan, "But don't worry about it. They look after us so well."

Staff were kept up to date with changes in people's needs and the services provided through the handovers at the beginning of each shift. In addition, any significant information was recorded in a communication book that was passed on to the next staff team. Staff recorded the support offered in the daily records kept in people's room and these were checked daily by senior staff to ensure they reflected the support provided.

A range of activities were provided by external entertainers and a cooking club, a gardening club and games were provided by staff at Eridge House. During the inspection a singer entertained people with songs from shows of their era. People clearly enjoyed themselves, tapping their feet, singing along and they joined in wearing hats and feather bowers if they wanted to. One person said, "He is very good" and, "I really like the musicals." Staff said activities were usually organised for the mornings as people generally wanted to relax

after lunch, had visitors or went out into town. An activity programme was given to people and displayed on the notice board, this included, bingo, exercise classes, singers, cooking and film afternoons. Staff told us the activities were arranged depending on what people wanted to do and said the singers were really popular so were booked regularly. Staff respected people's choices with regard to activities. They said some people preferred to remain in their room, although they reminded them of the activity each day. A member of staff told us, "We respect their preferences and certainly don't pressure residents to join in if they don't want to. That would be wrong." Another member of staff said, "Residents often go out for lunch or shopping with relatives and friends, most are very active. We take residents out as well if they want us to, it's really nice to go out with them and we have parties for their birthdays with relatives and friends." One resident had celebrated their 100th birthday the week before the inspection and a big party had been arranged to celebrate this at Eridge House. Links with the community were encouraged, local churches visited regularly and staff had won an award for supporting people with learning disabilities to work at the home.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although most people at the home had full capacity and could communicate their needs, additional support was provided when needed. For example, for sensory loss such as poor eyesight. 'Passports' were used to record how people communicated and how staff supported people, although staff also said if people attended hospital appointments they would be with relatives or staff from the home. The deputy manager said training would be arranged to ensure all staff had a clear understanding of AIS.

Staff said they had attended end of life training; they were aware of the support they could provide at the home and were also mindful that some people chose not to discuss this. End of life care plans were in place for people who chose to record their wishes and these included do not resuscitate forms. Medicines were available if people's health needs changed quickly and staff said they could call the district nurses and palliative care nurses as needed.

Technology was used within the home to enable people to communicate internally to staff in the home using the call bell system and, externally to receive calls from friends and relatives on the landline or their mobile phones. A broadband system was in place which enabled people to use the internet; one person had a computer and was able to keep in contact with relatives all over the world through emails.

A complaints procedure was in place. This was clearly displayed on the notice board and included in the service user's guide that was given to people when they moved into the home. This provided information about how to raise an oral or written complaint, with details of who would investigate the complaint and the timeframe of the investigation. The deputy manager said to the best of her knowledge there had been no complaints since her appointment in 2017. Staff also said they had not received any complaints and sought to resolve any concerns when they were a 'grumble'. Such as not liking the meal provided, which was easily changed. People and relatives said they had no reason to complain, but were confident if they did action would be taken. A relative told us, "We don't have any concerns." One person said, "I don't think we have anything to complain about, only compliments" and, a number of Thank You and compliment cards had been received at the home.

Good

Is the service well-led?

Our findings

At the last inspection this key question was rated requires improvement. This was because the quality assurance system did not assess all aspects of the services provided and, notifications had not been sent in to CQC to inform us of issues that affected the services provided. At this inspection we found the quality assurance system was effective, notifications had been sent in to CQC, and the rating had improved to Good.

People said Eridge House was their home; they were comfortable and staff looked after them very well. People and relatives said the provider and registered manager were approachable and available at any time. One person said, "They check that everything is ok every day and ask us if we are ok, very nice." A relative told us, "We see the manager and provider here chatting to residents, relatives and us every time we visit and we think the home is very well managed." Staff told us the management style was open and transparent; they were able to talk to the registered manager or provider at any time. They said they were involved in discussions about how the service should develop and could put forward suggestions for improvements. One member of staff told us, "We work very well together as a team, all of us including the owner and manager."

The quality assurance system had been reviewed and changes made in how the services were monitored. This meant areas for improvement had been identified and action taken. For example, we found a cleaning schedule had been developed; with a monthly deep clean of the home in addition to daily cleaning of the bedrooms, bathrooms and communal areas. Two housekeeping staff had been employed, one with extended hours so that the lounge and conservatory could be deep cleaned when not in use. There were audits in place to review all aspects of the services provided including medicines, care plans, accident and incidents and activities.

The provider had notified CQC of significant events which had occurred in line with their legal obligations. The deputy manager was aware of their responsibilities under Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. The deputy manager told us they were open about all aspects of the services. They contacted relatives or their representatives, with people's permission, to inform them of any concerns they might have. Such as when a person's needs had changed and an appointment had been made with their GP.

The deputy manager said they had tried to introduce residents/relatives meetings but people preferred not to attend them so alternatives had been introduced to ensure people could put forward their opinions and suggestions. The registered manager talked to people and/or their relatives on a one to one basis regularly. Feedback was also sought using questionnaires. The deputy manager said they had sent out a questionnaire about the meals, including the times they were available and choices in August 2017 and were conducting an audit of activities at the time of the inspection. Satisfaction questionnaires had been given to people and relatives and sent to health and social care professionals in January 2018 and the feedback from these had been very positive. Comments from people and relatives included, "So happy at Eridge House. It's a home from home, didn't realise such as place existed." "It probably couldn't be better." "We think Eridge

House is marvellous" and, "Thank you all very much for all you do." Comments from external professionals were equally positive, "Friendly professional care here." "Patients always compliment staff" and, "Staff and management always very supportive and responsive to meeting the client's needs consistently great partnership working." This showed that staff worked with in partnership with external agencies to support joined up care. In addition, it was clear that action had been taken when negative comments were received. For example, the front door was re-decorated when they were told that it looked a bit tired.

There were clear lines of accountability and staff were aware of their colleagues and their own roles and responsibilities. One member of staff said, "I think we all work together very well as a team, we know what each of us is doing and what we have to do so that residents have the care they want." Another member of staff told us, "The manager and owner are very good; someone is on call so that if we have any questions we can ring them for advice."

Quarterly team meetings had been introduced and minutes were taken which included issues from the previous meeting and if these had been addressed. Such as crockery not being collected from the lounge after evening drinks, the minutes from the next meeting showed this has been resolved. Staff said the meetings were a good way to talk about all aspects of the support they provided. One member of staff told us, "We are encouraged to raise any issues and put forward suggestions."

Staff had attended training on General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. A review of records and papers that contained personal information about people living at the home had been completed. In line with the training and advice they had been given these had been removed from notice boards or places where visitors to the home or other people could read them. Records had been moved to a 'documents room', which meant they were not easily accessible to staff. The deputy manager said they would seek additional advice to ensure they were following the GDPR whilst also allowing staff access to records.