St. Vincent Care Homes Limited

Eden House

Inspection report

Eden Road
Totland Bay
Isle of Wight
PO39 0EJ

Tel: 01983752393
Website: www.stvincentcare.co.uk

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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 4 February 2016 and was unannounced. The home provides accommodation and personal care for up to 21 people, including people living with dementia or other mental health needs. There were 19 people living at the home when we visited.

There was a registered manager at the home. 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.

Eden House had a strong, visible person centred culture. Innovative ways were used to ensure people were supported and encouraged to be as independent as possible and able to live the lifestyle they choose. Staff and management were fully committed to finding innovative ways to improve the service. They reflected on their practice finding novel ways to improve the care and support people received.

People, relatives and external health professionals were positive about the service people received at Eden House. They praised the staff and care provided. People were also positive about meals and the support they received to ensure they had a nutritious diet.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware of people's individual care needs. People had access to healthcare services and were referred to doctors and specialists when needed. Reviews of care involving people or relatives (where people lacked capacity) were conducted regularly. A range of activities were offered with people able to choose to participate.

People felt safe and staff knew how to identify, prevent and report abuse. Legislation designed to protect people's legal rights was followed correctly. People's ability to make decisions had been recorded appropriately, in a way that showed the principles of the Mental Capacity Act (MCA) had been complied with. Staff offered people choices and respected their decisions appropriately.

The Deprivation of Liberty Safeguards (DoLS) were applied correctly. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely. There was an environment maintenance and improvement program in progress.

There were enough staff to meet people's needs. Contingency arrangements were in place to ensure staffing levels remained safe. The recruitment process was safe and helped ensure staff were suitable for their role. Staff received appropriate training and were supported in their work.

People and relatives were able to complain or raise issues on a formal and informal basis with the registered manager and were confident these would be resolved. This contributed to an open culture within the home. Visitors were welcomed and there were good working relationships with external professionals. Staff worked well together which created a relaxed and happy atmosphere, which was reflected in people's care.

The registered manager and provider's representatives were aware of key strengths and areas for development of the service and there were continuing plans for the improvement of the environment. Quality assurance systems were in place using formal audits and regular contact by the provider and registered manager with people, relatives and staff.

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.

People told us they felt safe. Staff knew how to identify and report abuse and were aware of how to respond in an emergency situation.

Systems were in place to ensure people received their medicines as prescribed. Individual and environmental risks were managed appropriately.

There were enough staff to meet people's needs. The process used to recruit staff was robust and helped ensure staff were suitable for their role.

Is the service effective?

Good

The service was effective

Staff were suitably trained, skilled and knowledgeable about people's needs and received support through supervision and staff meetings.

Staff followed relevant legislation to protect people's rights and ensured decisions were made in the best interests of people living at Eden House.

People were given a choice of nutritious food and drink and received appropriate support. They had prompt access to healthcare services when needed.

The environment was safe and adaptations had been made to ensure it was suitable for people.

Is the service caring?

Good

The service was caring.

Eden House had a strong, visible person centred culture. Innovative ways were used to ensure people were supported and encouraged to be as independent as possible and able to live the life they choose.

Interactions between people and staff were all positive and showed staff valued people as individuals. Staff spoke fondly of the people they cared for and treated them with kindness and compassion. People's privacy and dignity were respected and confidential information was kept securely.

People were involved in assessing, planning and agreeing the care and support they received.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised to meet their individual needs. Care plans were comprehensive and reviewed regularly to help ensure they reflected people's needs.

Staff were responsive to people's needs. People were supported to make choices and retain their independence.

People knew how to make complaints and they were dealt with promptly in accordance with the provider's policy. The registered manager sought and acted on feedback from people.

Is the service well-led?

Good

The service was well led

There was an open and transparent culture within the home. The registered manager was approachable and people felt the home was run well. Staff understood their roles, were happy in their work and worked well as a team.

Quality assurance systems were in place using formal audits and regular contact by the registered manager and company directors with people, relatives and staff. Policies and procedures had been reviewed and were available for staff.

Eden House

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 the 4 February 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience in the care of older people.

Before the inspection we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 11 people living at the home and three family members. We also spoke with the registered manager, 5 care staff, the activities coordinator, one kitchen staff member and housekeeping staff. We also spoke with two health and social care professionals who had regular involvement with the home. We looked at care plans and associated records for four people, staff duty records, staff recruitment and training files, records of accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in January 2014, when we did not identify any concerns.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I sure do, I do feel safe". Another person said "I feel very safe". Without exception all the people and relatives we spoke with were sure they or their loved one was safe at Eden House. Visiting health professionals had no concerns about people's safety.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. For most 'as required' medicines there were individual guidelines for staff as to when these should be administered. We identified these were not in place for one medicine and staff completed this during the inspection. Action was also taken during the inspection to record the time regular medicines were given to ensure these were administered at least four hours apart. There were effective processes for the ordering of medicines and checking these into the home to ensure the medicines provided for people were correct. We audited stocks of medicines received into the home and records of those administered to people. All prescribed medicines we checked were correct. There was a daily audit of all boxed medicines which staff stated helped ensure new medicines were ordered prior to supplies running out. A full weekly medicines audit was also completed to identify any discrepancies in the number of medicines held and records of those administered. A medicines audit had been completed in January 2016. The format of the audit was comprehensive and covered all areas of medicines management and found the systems in place were safe. When administering medicines staff checked the records of administration for any previous medicines to ensure these had been completed correctly.

Medicines were administered by staff who had undertaken relevant training and been assessed as competent to administer medicines. One person was seen requesting an 'as required' medicine. Staff correctly clarified why they wanted this and arranged for the person to receive the requested medicine. We observed staff administered medicines competently; they explained what the medicines were for and did not hurry people. There were suitable systems in place to ensure other prescribed medicines such as topical creams were provided to people. Care staff told us they were aware of which routine topical creams should be applied for each person. Topical cream application charts were seen in care records showing creams were applied as prescribed.

The provider had appropriate policies in place to protect people from abuse. Staff had received training in safeguarding adults, knew how to identify and report abuse and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us, "I've had safeguarding training and I know what to do. I would make sure the person was ok and report my concerns to [the registered manager] if I saw something was wrong". They added that they were confident the registered manager would take the necessary action but knew how to contact the local safeguarding team if required. The registered manager was also aware the action they should take if they had any concerns or concerns were passed to them. The registered manager followed local safeguarding processes and responded appropriately to any allegation of abuse.

Risks were managed safely and action was taken to reduce risks. Staff had been trained to support people to move safely and we observed equipment, such as walking aids being used in accordance with best practice guidance. People who were at risk of skin damage used special cushions and pressure relief mattresses to reduce the risk of damage to their skin. Pressure relief mattresses were set appropriately, according to the person's weight and there was a system to check this to ensure settings remained correct. Where people needed to be assisted to change position to reduce the risk of pressure injury, their care records confirmed this was done regularly. People were at risk of choking on their food had been referred to specialists for advice and were provided with suitable diets to reduce the risk. Moving and handling assessments clearly set out the way to move each person and correlated to other information in the person's care plan. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, use of bed rails, nutrition, moving and handling and developing pressure injuries. Risk assessments had been regularly reviewed and were individualised to each person. These procedures helped ensure people were safe from avoidable harm.

Environmental risks were assessed and managed appropriately. Records showed essential checks on the environment such as fire detection were regularly serviced and safe for use. A system was also in place to capture details of all accidents and incidents in the home, so any patterns could be identified and action taken to reduce the level of risk.

People felt there were sufficient staff. When asked if they felt there were enough staff, one person said "Yes, there is always someone about and nothing is too much trouble for them". Staff responded to people's needs promptly. As soon as anyone required support there was a staff member available.

Staff were organised, understood their roles and people were attended to promptly. A care staff member told us, "It is busy, but there is no pressure to rush people". Another member of care staff said "We work together helping each other out". Staffing levels were determined by the registered manager on the basis of people's needs and taking account of feedback from people, relatives and staff. The need for additional staff at certain times of the day had resulted in an increase in staff at these times such as early morning and evenings. Some people were assessed as requiring individual staff support which they were receiving. Absence and sickness were covered by permanent staff working additional hours. This meant people were cared for by staff who knew them and understood their needs.

There was a robust recruitment process which helped ensure staff were suitable for to work with people living at Eden House. Recruitment files were well organised and contained evidence that all necessary pre-employment checks had been completed. Application forms showed staff had previous experience within a caring role and included a full employment history. Staff confirmed the recruitment process had been thorough and they had had to provide evidence of their identity and undertake a police background check before commencing employment at the home.

Emergency procedures were in place. Staff knew what action to take if the fire alarm sounded, completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. Records showed fire detection and fighting equipment was regularly checked. Staff were also aware of how to respond to other emergencies. Care staff had completed first aid training and had access to first aid equipment. Where necessary medical advice or emergency services had been appropriately contacted.

Good

Is the service effective?

Our findings

Staff told us, they were supported appropriately in their role by the registered manager and said they felt valued. Some staff had not received formal supervisions on a regular basis. The registered manager had identified this and was taking action to ensure these and annual appraisals were completed. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. Records of supervisions which had taken place showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at subsequent supervision meetings. Staff meetings provided opportunities for group supervision.

People were cared for by staff who worked to a high standard and received appropriate training. One person told us "Yes, they [staff] know us, they have had enough training." Staff had completed a wide range of training relevant to their roles and responsibilities. All staff regardless of their role, had undertaken essential training in areas such as dementia, safeguarding, mental capacity act and health and safety. They praised the quality of the training and told us they were supported to complete any additional training they requested. New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff new to care to complete the Care Certificate while being supported by an experienced staff member acting as their mentor. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. Following this, staff told us they were supported to study for nationally recognised qualifications in health and social care or other courses relevant to people living in the home, such as diabetes management and mental health.

Staff showed a good understanding of the needs of people living at Eden House. They knew how to adapt the care to meet the changes in those living with dementia as it occurred. When it was difficult to understand what people were saying, staff used facial expressions, body language and appropriate touching to aid communication, reassure people and make them feel listened to.

Staff showed an understanding of the need for consent. Before providing care, we observed they sought consent from people using simple questions and gave them time to respond. One staff member said "If a person says that they don't want care at that time then we leave them and go back later". We observed staff doing this throughout the inspection. Care plans contained information showing that people should be supported to make suitable choices but that they also had the right to make unwise choices. For example, one file recorded that a person should avoid alcohol and caffeine due to their prescribed medicines. There was guidance for staff to encourage this but also stated the person "chooses to not always follow this".

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). 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. Staff had received training in the MCA and demonstrated a clear understanding of the legislation in relation to people living with dementia. The provider had clear policies, procedures and recording systems for use when people may not be able to make decisions about their care or support. We saw staff followed these. Where people had been assessed as lacking capacity, consultation with family members and other professionals had occurred.

People who had capacity had signed their care plans to indicate their agreement to the care planned. Where people lacked capacity, best interest decisions had been made and documented following consultation with family members and other professionals. However, we identified one person for whom best interest decisions had not been made in respect of their medicines. A senior staff member took immediate steps to address this. The home had sought confirmation of any legal structures such as lasting power of attorney for health and welfare or finances which were in place for some people. Copies of these were available meaning staff would know who could legally make decisions on behalf of people.

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 are called the Deprivation of Liberty Safeguards (DoLS). The provider had appropriate policies in place in relation to DoLS. Authorisations were in place for one person and staff were aware of the support they needed to keep them safe and protect their rights. Where appropriate people had been given the door key code number meaning they were able to enter and leave the home independently and their freedom was not restricted. Care files contained clear information of any legal restrictions people may or may not be under. For example, in one person's file we found information indicating the person was subject to restrictions and conditions from the Mental Health Act 1983/2007. There are various restrictions and conditions which could be imposed by the legislation and the specific conditions relevant to the person were detailed. For another person there was information that these restrictions had been removed following a review meeting.

People were able to access healthcare services and received the personal care they required. People and relatives were happy with the personal and health care provided. A relative told us they felt their family member was "always clean and well cared for". We saw people were supported to have their personal care needs met in a sensitive way and looked well cared for. A visiting health professional said "They [staff and registered manager] think outside the box, they try other things and don't just give up when situations are complex". They added that Eden House supported some people with complex needs "very well". Everyone we spoke with told us they could see a doctor when required and that staff were available to assist with personal care if needed. One person told us they had "seen the optician" who had visited the home and "the chiropodist comes every couple of months". Another person said they felt the care they received was good and their needs were met well. Care records contained information about people's previous known healthcare needs and treatment. They also showed people were referred to GPs, community nurses and other specialists when changes in their health were identified. For example, there was information that one person had been supported to attend a dentist due to tooth ache. They had required a tooth to be removed and the care plan contained additional information as to how the person's remaining teeth should be cared for.

People told us they liked the food and were able to make choices about what they ate. One person said, "The food is fantastic, if I fancy something they will make it for me". "They will make me whatever I want". Another person said "[name chef] knows I like curry and also spaghetti Bolognese and tries to make me things I like which is hard as I have a very specific diet". We saw people requesting specific foods from the chef such as one person who asked if a particular type of biscuits could be obtained. The chef was positive and said they would add them to the shopping list. One person would not eat their lunch meal. Staff were patient with them and had a sandwich made as an alternative. We saw the person eating the sandwich with

a member of staff sitting with them to support and encourage them. This demonstrated that choices could be accommodated even at busy times like lunch time. Staff said "if people are hungry during the night, we'll make them a snack".

The chef knew the people well and knew who was on a specialised diet. We observed them asking people what they wanted for their lunch time meal. Menus were appropriate to the seasons, varied and nutritious. Alternatives to the main meal of the day were offered, including low-fat alternatives for people who wished to manage their weight. People received meals in varying portion sizes, based on their appetite and preferences. We observed the lunchtime meal and saw staff created a calm, relaxed, atmosphere that encouraged people to eat and drink well. Some staff sat with people and had a meal with them. This enhanced the social occasion and provided visual prompts for people with dementia as to what they should be doing.

People received appropriate support to eat and drink enough. This included cutting up people's meals when requested and prompting them to eat when needed. Staff did this in a supportive way that helped people retain their independence. A person needed some support to initially start eating their meal; staff assisted the person to put some food on their fork and then encouraged them to eat it. After a couple of forkfuls, the person was able to continue to eat independently. People were given their meals on brightly coloured plates; this is known to assist people with visual perception difficulties as it makes the food more visible and encourages them to eat more. The amount people ate was monitored and appropriate action taken if people started to lose weight. This included referrals to the GP or other specialists.

The building was suitable for the people living in the home. There was a choice of communal areas available for people to spend their time. A selection of chairs were provided to suit people's seating needs. A passenger lift connected the ground floor to the first floor of the building and people were supported to use this safely. Corridors were kept free of obstructions there was a colour contrast between the walls and the handrails, which would make it easier for people with impaired vision to see them clearly. Walls had been decorated in bright colours to denote the various parts of the home and help people orientate themselves. The floor covering in some bedrooms and communal areas had been replaced which made it easier to keep the home clean. The communal areas of the home were bright, with pictures and photographs on the walls that were appropriate and relevant to the people living there. There was a secure garden which was accessible to people. A sheltered area with seating had been provided for people who wished to smoke. Entry to the home was via keypad front door. A maintenance person was employed to attend to all minor repairs and maintain the building in a suitable state of repair.

Good

Is the service caring?

Our findings

Eden House had a strong, visible person centred culture. A person said "I love my room, it's so cosy and exactly how I want it". Another person said "I can have company when I want and privacy when I want, smoke when I want, just do whatever I want". A staff member told us, "Person-centred care; it's what we focus on. It's for them [the people]". Another staff member said, "The care we provide here is diverse, it's person centred". We saw that a person had been supported to have a pet cat which they had not previously been able to do in other care homes they had lived in. Staff continually reflected on their practice to find new ways to support individual people. For example, one person's struggled to manage large meals and staff found that if food was presented on a large plate they would often leave it. Staff decided to offer the person all their meals on smaller plates. We observed staff providing this person's meal on a smaller plate which they ate.

Staff relationships with people and those who mattered to them were strong, caring and supportive. Without exception, all interactions we observed between people and staff were positive, showing that staff understood people's needs and knew them well. Conversations were inclusive and helped build relationships. All visitors were remembered and warmly welcomed. The home had a very sociable atmosphere with lots of positive interaction between people and staff. We observed caring interactions between all staff and people using the service. One person was particularly upset, we observed a member of staff sit with the person and offer reassurance, checking the person had asked the head of care for their 'as required' medicine if they needed it. The member of staff was heard suggesting activities which may have made the person feel better. This showed the staff member clearly knew the person and displayed this in their interactions with the person. Throughout the inspection we saw different staff offering support regardless of their role.

Staff and management were fully committed to finding innovative ways to improve the service. They reflected on their practice finding novel ways to improve the care and support people received. Staff understood the needs of people living with dementia and the difficulties they faced in orientating themselves to the time of day. For example, they had identified a way in which they could keep people calm in the evening, and ensured people understood it was time for bed. The service did this by ensuring that all night staff wore pyjamas for their uniform. This allowed people to differentiate between daytime and night-time. We were told this had helped people to develop improved sleep patterns. Staff had been provided with an allowance to purchase suitable pyjamas for use at work. This was confirmed when we saw night staff were wearing pyjamas.

People were encouraged to have responsibilities and engage in meaningful useful occupation. One person had previously been a gardener. They were encouraged to continue this and were involved in decisions about the garden and supported to continue to work in the home's garden. We heard the activities staff member saying to the person "[name of person] let me know what pots and soil you like and when you're ready for it we will go to the garden centre".

Areas of the garden had been designed to make them welcoming and accessible to all people. One area had

been developed into a sensory beach with sand features, deck chairs and audible beach [waves] sounds. A covered shelter was provided for people who wished to smoke cigarettes. The registered manager described further plans to develop the garden to make it even more welcoming for people including chickens which had been requested by one person.

People were supported and encouraged to be as independent as possible. One person told us how staff had arranged for them to have their own small fridge and kettle and that they had been able to decorate their room with posters. Staff were aware of risks people may have and how to support people to ensure risks were managed without unnecessary restrictions on the person. For example, one person preferred for ceramic mugs. Staff were guided to allow these unless the person was in a low mood when extra care was required. At meal times staff sat and ate with people, encouraging them to eat independently. We observed people being given the time and space to mobilise independently whenever they could. Often, no more than a guiding hand or support to access a walking frame was needed to enable people to make the most of their physical abilities.

People were treated with kindness and compassion. People said that all staff were kind and caring and valued their relationships with the staff team. One person said, "You have come to a wonderful home. Staff have done so much for me, I never want to leave". Another person told us "All the care staff are lovely, they are kind. They treat me with dignity and respect". A third said, "I love it here, nothing is too much trouble". A visitor said, "I come here whenever I want, these people are my friends". An external health professional said "The staff want to be there for the people".

Staff spoke fondly of the people they cared for and described them as "a family". Regardless of their role, all staff expressed a shared view that they were responsible for meeting people's needs and making life as pleasant and comfortable for people as possible. One staff member said, "It is an honour and privilege to look after the residents; I treat the residents as my family". We heard conversations between staff and people, which showed they knew people and their backgrounds well. When a person went outside for a cigarette, a staff member going on a break joined them and had a cigarette, and a chat, with the person.

People were supported to communicate and encouraged to make their needs and wishes known. Staff didn't rush people and spoke calmly when talking to people. Staff were observed explaining to people what they were going to do before offering support. A staff member was heard to ask "Should I take the spoon [name of person]". They waited for a response before taking the spoon away and saying "Thank you".

Staff not employed in a care role were also treated people with respect and compassion. They were aware of people as individuals and spent time with people when required. For example, We observed the maintenance staff stopping what they were doing to talk to people and offering them support. Non care staff members knew people well and were aware of their individual preferences. For example, a person with communication needs preferred their coffee without milk. We saw they were struggling to say what they wanted. The chef asked if they wanted "a black coffee" and they indicated that that was what they would like. The support was neither forced, nor rushed and resulted in the person receiving what they wanted.

When people moved to the home, they, and their families where appropriate, were involved in planning and agreeing the care and support they received. Where able, people had signed care plans and risk assessments confirming their involvement and knowledge of the care plan. Whenever possible people were supported to visit the home prior to moving in. This enabled them to be sure that Eden House was right for them. We saw in one care file that a person had visited several times and informed their social worker that they wanted to move to Eden House. Comments in care plans showed family members were kept up to date with any changes to their relative's needs. This helped ensure people's wishes were sought, heard and acted

on.

Staff treated people with dignity at all times. Staff were familiar with the dignity principles and worked to them in the way they treated and supported people. When they met in passing around the home, staff always acknowledged people and made friendly comments. For example, a staff member was cleaning the dining room tables and said to a person "sorry [name of person] have to invade your space" before moving past them. The person replied "I don't mind".

People's privacy was protected by staff knocking and waiting for a response before entering people's rooms. When personal care was provided they ensured doors were closed and curtains pulled. Staff said, "We always cover people in towels when providing personal care, we knock before we enter their rooms and always ensure we close the door". People had been asked whether they had a preference for male or female care staff; their preferences were recorded, known to staff and respected. For example, one person had no preferences in the morning as to whether they were supported by a male or female care staff member; however, in the afternoon due to an increase in their confusion the preference was for a female care staff member to provide all support. Staff respected this and provided care accordingly. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it. When a person wanted to talk to the registered manager about a private matter and began doing so in a communal area the registered manager was very quick to read the situation and suggested they go to the person's room to discuss the matter. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Good

Is the service responsive?

Our findings

People received personalised care from staff who understood and met their needs well. One person said, "They know how to look after me and what I need help with" Another person told us, "If I wasn't happy I would let you know, but everything is good". A family member said, "I can't fault the care; it's really wonderful". A health professional was very complimentary about the way the service responded to people's needs. They told us staff would contact them appropriately and had the necessary skills and knowledge to manage minor issues such as small skin injuries.

There was a formal pre admission process to ensure only people whose needs could be met were admitted to Eden House. The assessment covered all necessary areas and showed there was further discussion with the person and where appropriate any relatives. For one person the registered manager had not only visited the person in hospital but also visited the person's previous residential home. Documentation showed there had been additional contact with the person's social worker and a clear agreement about how the person would be supported including individual funding. A report sent monthly to the provider's representatives showed that the registered manager had decided not to admit a person whose needs they felt may place other people at risk. The comprehensive approach to admissions would ensure people already living at Eden House would not be placed at risk by unsuitable new admissions whose needs could not be met.

Staff were responsive to people's needs. A staff member told us "[name of person] has a specialised diet. We support [name of person] to manage this, but they know what they can and can't eat so we just monitor. We encourage them [people] to be as independent as possible". We saw that staff had identified a person was developing some sore areas of skin. Staff had noted this, sought medical advice and were supporting the person to apply the prescribed topical cream. All staff received a formal handover at the start of each shift. We saw people being supported as described in their care plans. Records of daily care confirmed people had received care in a personalised way in accordance with their care plans, individual needs and wishes. Care plans contained individual information; for example, it stated the amount of support a person required with bathing to promote their independence. Care files were reviewed at least monthly, or when needs changed and where appropriate had reviews had been signed by the person whose plan it was.

Care plans provided comprehensive information about how people wished to receive care and support. Individual care plans were well organised and the guidance and information for staff within them was very detailed. When people had been identified as having a care need, for example limited mobility, a risk assessment was completed and a care plan produced which responded to the degree of risk identified. There was a range of measures and equipment put in place to reduce pressure on people's skin, which corresponded with the guidance in the person's care plan. Care plans also included specific individual information to ensure medical needs were responded to in a timely way. For example, there was information about how staff may suspect that a person with mental health needs was relapsing and details about the action staff should take including increasing the frequency of observations and monitoring of the person.

When untoward incidents or accidents occurred, procedures were in place to ensure people received all the necessary care. Incidents and accidents were recorded. Forms showed that, where necessary, external

medical advice was sought and action was taken to monitor the person for any signs of deterioration. Action was taken to reduce the risk of repeat incidents such as through the use of movement alert equipment for a person who was at risk of falling. We saw staff respond immediately when a movement alert system was activated during the inspection.

People were offered a range of activities suited to their individual needs and interests. The interests, hobbies and backgrounds of people were recorded in their care plans. An activities coordinator was employed. One person said "I love going out, I go out all the time. I go swimming and out to coffee shops a lot. We do things together here like go and walk on the beach which is fun". Another person said, "I go out loads, I get the bus into [name of town]". Staff told us that in the summer month's people living at the home went sailing, which they enjoyed. Throughout the inspection we saw people involved in a range of individual activities providing mental and physical stimulation. For example, one person was seen engaged in a reminiscence discussion. A plate of raw fresh vegetables was being used to lead a discussion about the person's life on their farm. At other times staff were seen playing board games with people. The home had a house car which was used by staff to take people to places of interest or out around the island as they wished. People were able to change the planned activity which we saw during the inspection when a person decided to go out for a coffee instead of the planned swimming activity.

People and relatives knew how to complain or make comments about the service and the complaints procedure was prominently displayed. Records showed complaints were dealt with promptly and investigated in accordance with the provider's policy.

The registered manager had meetings with people and their families to seek feedback about the service. Where necessary changes were then made to improve the service. Surveys of people and their families occurred on a regular basis. These were analysed and where necessary action taken to respond to any issues raised. The registered manager had redesigned some quality monitoring forms to make them suitable for people with dementia. People could choose between a happy or unhappy face to respond to short questions about the home. Minutes of meetings with relatives showed they were informed about changes at the home and their views sought about future plans. People and relatives were also able to comment about the service via the NHS choices website. The registered manager said they monitored comments which had all been positive and would address any areas of concern if these occurred.

Good

Is the service well-led?

Our findings

People liked living at the home and felt it was well-led. One person said, "[The registered manager] runs this place beautifully she is an angel." Another person said "very nice place, very nice people here". And a third "brilliant place I love living here". An external health professional told us, "Eden House is very well run. We have an excellent working relationship with the manager and staff." Another health care professional made similar comments saying "it's one of the best homes – I wish they were all this good".

There was a clear management structure in place consisting of a registered manager, a deputy manager and senior care staff who had individual responsibilities. Staff enjoyed working at the home and told us they felt supported by management. Staff said "[name of manager] is really supportive; I can go to her about anything. We can go to them if we have a problem and they'll sort it".

The registered manager described the home's values as being "to provide an individual, personalised service" and "wrapping the service around the person making things happen for the person". Staff told us the home's values were to provide person centred individual good care. A staff member said "It's their [people's] home and we are her to work for them". Another staff member said "It's their lives, their home". Staff said they would be happy for a member of their own family to receive care at Eden House.

There was an open and transparent culture within the home. Visitors were welcomed, there were good working relationships with external professionals and the registered manager notified CQC of all significant events. The registered manager was in the process of meeting with all relatives individually to inform them of changes planned for Eden House including a new registered manager. There was a whistle blowing policy in place, which staff were aware of. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. There were links to the community through local churches, visitors and advocates. Where possible people were supported to attend appointments at the local health centre. Eden House was also supporting a local teenager undertaking a care qualification at college by providing a work placement.

The registered manager told us they received appropriate support from the provider. They said they had a clear budget and and were able to make decisions about spending. For example, they described how they had been able to hire a minibus in December 2015 to provide a group outing to look at Christmas lights around the Island. The registered manager said the provider was supportive when they identified needs for equipment or staff training. The provider's nominated individual visited the home at least monthly and produced a report of their visits to the registered manager. Where necessary these included actions required. The registered manager provided a monthly report to the nominated individual covering aspects of the service including any staffing changes, admissions, complaints, accidents and incidents. The registered manager was also able to identify any environmental action required. For example, in December 2015 the registered manager identified the need to look at how the environment could be made safer for people who may harm themselves from everyday items such as ceramic mugs or paperclips.

Auditing of key aspects of the service, such as care planning, the environment, medicines and infection

control were effective. Where changes were needed, action plans were developed and changes made; the plans were then monitored to ensure they were completed promptly. The registered manager has been involved with the care home development group work stream under the My Life a Full Life initiative. Funding has been sourced to improve end of life care within residential homes. Although not sourced through the scheme five places have been alternatively sourced through the hospice for End of Life training for 5 staff. In addition the registered manager and the deputy manager spent time working with staff and observing care being delivered to help ensure staff worked effectively.

The registered manager was aware of key strengths and areas for improvement at the home and there was a plan in place to manage these. This included enhancing the environment with themed wallpaper, and developing the garden to provide more activities for people. There were plans to have some chickens and increase accessibility to part of the garden not being used by people. There were also plans to improve the office area and relocate this to the front of the home making it more accessible to visitors as well as increasing the office space which was limited.

The provider had an extensive range of policies and procedures which had been adapted to the home and service provided. We saw these were available for staff in the office. We were told policies were reviewed by the registered manager yearly or when changes were required. This ensured that staff had access to appropriate and up to date information about how the service should be run.