

Mr Mark Anthony Cusick

Eden House

Inspection report

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Filey
North Yorkshire
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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?

Requires Improvement ●

Summary of findings

Overall summary

Eden House 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 House is situated in Filey, near Scarborough. The home accommodates and provides care and support for up to five people whose main needs are associated with a learning disability.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Inspection site visit took place on 16 October 2018. At the time of this inspection, the service was providing support to five people.

Eden House has been operating for a number of years and had previously been registered with CQC under a different provider. Changes to the ownership of the service mean the service was reregistered with CQC in October 2017 and therefore this was the first inspection of the service under the new providers ownership.

The service is not required to have a separate registered manager, because the registered provider is an individual who is registered with us. 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.

People told us they felt safe living at Eden House. Safeguarding policies and procedures were in place and these had been followed. Staff had a thorough understanding of the different types of abuse and action they should take to report any concerns.

Risk management plans were in place and contained relevant information to enable staff and people to manage risks safely. These had been regularly reviewed and updated when changes occurred.

People's medicines had been stored and administered safely. When people had the ability to self-medicate, appropriate risk assessments were in place. Staff had not always had their competencies assessed in relation to medicine administration. This was an area the provider was working to address.

People were encouraged to develop daily living skills and participated in domestic chores, cooking and laundry as required. We found some areas of the service were not adequately clean at the time of this inspection. The provider told us staff conducted daily checks to identify and address any shortfalls.

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. Consent to care and support was clearly recorded.

People were actively involved in the preparing and cooking of meals. People were consulted with regards to the meals on offer and their preferences were accommodated.

People had access to health professionals when required. Care records clearly recorded other professionals who were involved in people's care and support. Annual health checks were promoted, and hospital passports were in place to ensure information regarding people's preferences and communication needs were available.

People told us staff were kind and caring in their approach. It was clear staff were familiar with people's likes, dislikes and preferences. People's independence was promoted, and they were encouraged by staff to be involved in activities and hobbies they enjoyed.

Systems to monitor and improve the service were in place. When shortfalls were found, remedial action had not always been taken in a timely manner.

People and staff told us management were open, honest and approachable. People were encouraged to provide feedback and it was clear that people were at the heart of the service. A complaints policy was in place and people were confident any concerns they had would be addressed appropriately.

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.

There was a safeguarding policy and procedure in place which staff understood and followed.

Where risks to people had been identified, risk management plans were in place and contained relevant information and guidance.

Medicine has been stored and administered safely and safe recruitment policies and procedures were in place.

Is the service effective?

Good ●

The service was effective.

Staff told us they felt supported in their role. Annual appraisals had been completed to ensure staff had the opportunity to review their performance.

People were supported to follow a balanced diet and had access to other health professionals when needed.

The principles of the MCA had been followed.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring in their approach.

Staff supported people to maintain their privacy, dignity and independence.

Staff were familiar with peoples' likes, dislikes, preferences and times when people may need additional emotional support.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and focused on what was importance to people.

People were supported and encouraged to participate in activities and hobbies they enjoyed.

People told us they knew how to raise any concerns. A complaints policy was in place.

Is the service well-led?

The service was not always well-led.

Quality assurance process had been introduced but action had not always been taken in a timely manner to address shortfalls.

People were encouraged to provide feedback on the service and any areas where improvements could be made.

People and staff spoke positively of the management team and their open and honest approach.

Requires Improvement 

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 16 October 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed information we held about the service. We contacted the local authority adult safeguarding and quality monitoring team as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

The provider had been requested to send us a Provider Information Return (PIR) and had returned this within required timescales. 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 any improvements they plan to make.

During the inspection we spoke with all five people who used the service. We also spoke with the provider and manager. We contacted two staff by telephone following in the inspection and requested feedback from two professionals.

We reviewed two people's care plans, risk assessments and daily records. We checked the arrangements in place for managing medicines and recording accidents and incidents. We reviewed two staff's recruitment and induction records and three staffs' supervision and appraisal records, as well as training records, meeting minutes, audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "This is our home. We all know each other and the staff very well. I am safe here and staff look after me" and "This place is my home. It is not like a traditional care home. Staff encourage me to do things for myself that I am able to. Staff make sure we are safe, and I have never felt unsafe while I have been here."

People were supported by a consistent, well established team of staff who had all been employed at the service for a number of years. As a result, the need to recruit new staff was very rare. The last member of staff employed was recruited in 2015. We viewed the providers recruitment policy and procedure and found this contained the required information with appropriate procedures in place.

People we spoke with told us there was enough staff on duty. One person said, "I love all the staff. There has never been a time when I have had any concerns about the number of staff on duty. They help me when I need it." A member of staff told us, "There is definitely enough staff. We never have any problems in that area." Staffing levels were flexible to meet the needs of people. The provider told us, "Generally there is one member of staff on duty at all times and additional staff if people have specific activities or appointments."

The provider had a safeguarding policy in place and staff we spoke with understood their responsibilities to report any concerns to management. One member of staff told us, "If I have any concerns at all I would report them. I have a responsibility to take appropriate action and I am confident management would deal with it appropriately. I could contact the local authority if I was concerned something was not dealt with as it should be. Staff had received safeguarding training and plans were in place for refresher training to take place.

Where risks to people had been identified, appropriate risk management plans were in place. These outlined the risk, control measures put in place to reduce the risk but also how to ensure the person's independence was promoted. Risk management plans were in place for areas such as specific medical conditions, accessing the community and medicine management. People told us they were actively involved in the discussing and implementation of risk management plans. One person said, "Staff put plans in place to help me stay safe. If I am worried about anything I can always talk to staff. They help me to understand."

People's independence was promoted in all areas. People took responsibility for cleaning, laundry and preparing meals. During a tour of the service we identified some areas of the service that had not been sufficiently cleaned. We discussed this with the manager who told us, "People take responsibility for cleaning and staff then do a walk round and address any shortfalls. This hasn't happened yet today, but I can assure you we ensure this is done every day." Staff and people we spoke with confirmed this.

Maintenance safety certificates for utilities and equipment was up to date and ensured the premises were safe. Fire safety and equipment checks had been regularly carried out. This meant people using the service was kept safe from the risk of harm. The provider told us that each person was able to recognise the fire

alarm and how to vacate the building in the event of a fire. This was recorded in people's care records and an overview sheet was in place to ensure emergency services would have access to important information such as people's medical conditions and their communication needs in the event of an emergency.

Most people at the service were able to self-administer their own medicines and we found appropriate risk assessments were in place which were regularly reviewed. We looked at medicine administration records (MARs) for two people and found these had been completed appropriately. Storage room temperature had not always been checked to ensure medicines were stored within safe limits. The provider took action to address this. Stocks of medicines were checked each week to ensure there were no discrepancies.

We identified that staff had not always been provided with medicine refresher training to ensure their knowledge in this area remained up to date and to ensure they were following best practice. Assessments had also not been completed to ensure staff who were administering medicines were competent. We discussed this with the provider who told us, "We are an extremely small team and manage very little medication. If there were any concerns regarding staffs abilities to administer medicines I would identify it straight away. We have refresher medicine training planned for the coming months."

We recommend the service considers current guidance on staff training in relation to medicine management and update their practice accordingly.

Is the service effective?

Our findings

People told us staff had the appropriate skills and knowledge to support them. Comment included, "I think the staff are brilliant. They always have the answers to my questions" and "I know staff do training because they tell me about it. They know how to keep us all safe and I think we get really good support."

An induction process was in place to ensure new staff were familiar with the providers policies and procedures, the layout of the service, documentation and people and their needs. The induction process also required new staff to shadow experienced members of the staff team to enable them to build relationships with people.

Staff told us they were well supported by the management team and had regular one to one discussions, although we found these were not always recorded. The provider told us, "I speak to staff on a one to one basis every day. Staff know my door is always open and they have my mobile number to contact me should they wish to discuss anything at all. We don't always record these discussions, but we are working to improve this." One member of staff said, "The provider is always around and always available. I think all the staff have brilliant support. If there is anything we need, we only have to ask. It is a good staff team." Annual appraisals had been completed which gave staff the opportunity to review their performance over a 12-month period and discuss development plans for the future.

Staff had been provided with initial training to ensure they had the skills and competencies to carry out their role. We found refresher training had not always been provided within the required timescales for areas such as medicines, safeguarding and health and safety. The provider had begun to take action to address these shortfalls and dates for refresher training to be completed were in place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The service was not currently supporting anyone who was subject to a DoLS but had clear knowledge of action they would need to take should the situation arise. Staff we spoke with had a good understanding of MCA and had completed training in this area, although this required updating.

People had capacity to make their own decisions. Care plans contained clear evidence that people had signed and consented to their care and support and people we spoke with told us they had been actively involved.

People's independence was actively promoted within the service. People contributed to develop a shopping list, visit the supermarket to collect shopping and also prepare meals. One person told us, "We all take turns in cooking for each other. Today we are having soup for lunch which [Person's name] is cooking. I think it is my turn tomorrow, so I will have to think about what I can make and ask everyone if they want it." The provider told us, "We sit down together on a weekly basis and ask people what they would like to cook the following week. They all pick and then we create the shopping list from that. People know about the importance of following a healthy diet and staff encourage this."

We observed one person preparing a sandwich to take with them to the day centre. They told us, "I am making a salad too which I will have with my sandwich because it is important to eat healthy."

Records showed that the service demonstrated good practice by seeking the involvement of healthcare professionals when necessary. The provider had recently introduced hospital passports to ensure if people were admitted to hospital, other professionals had access to relevant information about people's abilities and communication needs. Staff understood the importance of ensuring people received an annual health check and personal care and support records showed that each person who used the service was regularly supported to see the health and medical professionals they needed to, such as opticians, learning disability nurse, district nurse and psychiatrists and each contact was recorded.

The service provided a homely, relaxed atmosphere that was personalised by people who used it. Walls contained photographs of people enjoying activities that were on offer as well as art work and other craft items that had been made by people who used the service. People's bedrooms were personalised and decorated according to their own tastes. There were some areas of the service which were worn and would benefit from updating or redecoration. The provider told us plans were in place for improvements to be made and that the roof on the service had recently been replaced.

Is the service caring?

Our findings

People told us that staff were kind and caring in their approach. Comments included, "I think staff are fantastic", "We are like a big family and staff really do show they care about us" and "We all love the staff. Most of them have been here years – I know them all very well and they do everything they can to make sure we are happy."

It was clear that people were encouraged to maintain relationships and relatives and friends were welcome to visit the service at any time. The manager told us, "One person's relative moved away from the area but we make sure we arrange regular trips to visit them or they come to us. We know how important it is for people to maintain relationships and we do whatever we can to encourage this." Records showed that arrangements had been made to include relatives and friends in birthday celebrations and other special occasions. People told us staff supported them to buy personal gifts for their friends and relatives when required, whilst another person explain how they enjoyed going Christmas shopping to purchase gifts. They went on to say, "We have a shopping day planned soon."

People were extremely familiar with the staff who provided support to them and it was clear from observations that positive relationships had been developed. Staff had a clear understanding of when people may need additional reassurance and they offered this support with a calm and caring approach.

People were observed approaching staff at regular intervals throughout the day to seek reassurance or to ask general guidance questions. Throughout all of these discussions, staff promoted people's independence and did not tell them what to do but asked them what they would like to do. The manager told us, "Sometimes people just need a little bit of a prompt – for example one person was not sure what they had planned for today. I just had to remind them what day it was and then asked them 'so what do you normally do on a Tuesday?' That was enough for them to be able to recall what plans they had."

People were supported to remain as independent as possible and make decisions regarding the care and support they received. One person told us, "We do cleaning, cooking and washing. It has helped me because when I first came here I couldn't do a lot for myself. I think the fact I can do more now and live a normal life has helped with my problems."

Privacy and dignity was promoted throughout the service. Staff explained how they encouraged and, where needed prompted people to ensure their personal hygiene was maintained. One member of staff said, "People are able to wash and dress themselves. We just sometimes have to prompt them when they are not wearing appropriate clothes or a gentle reminder to do things such as brush their teeth." When people chose to spend time in their bedrooms, we observed staff knocking on doors before entering and addressing people by their preferred names.

People were clearly at the heart of the service and were supported to live according to their wishes and values and had access to advocacy services if needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known. People told us staff sat and spoke to

them about their care and what they wanted and supported them to achieve this. One person said, "Staff are helping me with my art work. I want to try and sell some bits. The social worker and staff have put a plan together, so I know what I need to do to achieve this."

Staff were polite and kind towards people throughout our inspection. We saw numerous friendly conversations and good interactions, which demonstrated staff cared about the people they supported. We found staff had time to chat with people and acknowledged them as they moved around the building. People responded warmly towards staff showing us they valued their companionship.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

Is the service responsive?

Our findings

Each person had care plans in place which were specific to their individual needs. These contained a great level of person-centred detail and had been reviewed on a regular basis to ensure they contained the most up to date information. People told us they had regular discussions with staff regarding the care and support they received. One person said, "I always talk to the staff about the help I get, and I know exactly what is written in the care plan."

Most of the people who lived at Eden House at been at the service for a number of years and it was clear that staff were extremely familiar with their needs as well as their life history. People's life history, including details of people that were of importance to them and significant dates were recorded. One member of staff told us, "It is extremely important that we understand each person's life history and any difficulties they may have overcome. Their history is what makes them the person they are today."

One person showed us a daily record they kept which detailed what they had done that day, their emotions and feelings and how they managed periods of anxiety. They told us, "I like to record what kind of day I have had and then I use stickers to record if I think it has been a good or bad day – so today so far has been a good day so I will more than likely add a smiley face sticker. Sometimes I look back to see what things helped me when I was feeling anxious." We discussed this approach with the provider who told us, "This way of recording has been used by the person for a number of years. Some of the other people at Eden House also do something similar. We have suggested other ways of recording, but they do not want to change it and that is their choice. It appears to work for them."

People were supported, where required, to access the community to participate in activities such as shopping, lunch out in the community or visits to local café's, whilst some people were able to access the local community independently.

People at Eden House had recently been on holiday. One person told us, "[Provider's name] came up with lots of different options and we all sat down to discuss where we would like to go. We go on holiday every year and we always have a fantastic time." They then proudly showed us photographs of their holiday where people were seen to be enjoying shows, walks in the community and meals in restaurants.

It was clear that people were encouraged to participate in activities and hobbies that were of interest. Observations showed that people were able to spend their day as they wished. Some people enjoyed completing jigsaw puzzles and board games, whilst other people watched television or spent time in their bedrooms listening to music or participating in craft activities.

The provider had a complaints policy in place and all the people we spoke with told us they knew how to raise any concerns. One person said, "We all get on very well and I can say anything to any of the staff and they sort it out. I wouldn't say I have complained, more of a moan occasionally." The provider told us, "There has not been any formal complaints made. We try and address any issues immediately and we are always talking to people to make sure they are happy."

Staff had received a number of written compliments from people who used the service and relatives. Examples included, "[Person's name] has built in confidence so much since coming to Eden House. Their social skills, practical living skills and general wellbeing has improved. Staff all know [Person's name] very well and provide great support including with activities. [Person's name] feels they can communicate openly and honestly with staff. All this would not have been possible without the skilled care and support that staff give."

The provider was aware of the Accessible Information Standard and care plans contained information about people's preferred method of communication. Details of whether the person could communicate their needs around requiring assistance or making decisions was also included. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they understand, plus any communication support they need when receiving healthcare services. The provider was able to provide information to people in an easy read format if this was required.

Is the service well-led?

Our findings

People and staff spoke positively of the management team and felt the service was well-led. One member of staff said, "[Provider's name] is open, approachable and supportive. They do not expect staff to do anything they wouldn't do themselves. They work shifts here, so they know each and every person." A person who used the service said, "[Provider's name] is like my family. I have known them for so long. I love living here and I do believe it is very well managed."

The service is not required to have a separate registered manager, because the registered provider is an individual who is registered with us. 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 provider was supported by a manager who took responsibility for the day to day running of the service. They both had a number of years' experience supporting and managing services for people with learning disabilities.

The service had recently been visited by the local authority contracts and compliance team. It was identified during this visit that audits to monitor and improve the service were not in place and staff had not been provided with refresher training. As a result of feedback provided following this visit, the manager had begun to introduce a number of audits. We found audits were in place for area such as care plans and medicines. Whilst very few audits had been completed, they had been effective in identifying shortfalls, but remedial action had not been taken in a timely manner. For example, a medicine audit completed in July 2018 identified that staff medicine competencies were required and had not been completed. At the time of this inspection, staff medicines competencies had still not been introduced or completed. The provider told us this was something they would address.

We also found some shortfalls in relation to the frequency of staff training still remained. Although management had taken action and arranged for refresher training to take place, this had not been done in a timely manner.

We recommend the service seek advice and guidance from a reputable source in relation to quality assurance systems and adjusts their practice accordingly.

Feedback was sought for people who used the service and relatives, although this was done informally. The provider told us, "We have regular discussions with people and always ask them what they think or if they have any ideas. This is their home and we run it as a home. If people make any specific requests we record it in the daily records book and they are always actioned." People we spoke with confirmed this. One person said, "We do not call Eden House a 'care home.' We just call it a home because that is what it is. We are one big family. We are always asked what we think about anything – from furniture to activities to meals."

There was an open and honest culture and relatives were welcome to visit people at any time. During the

inspection we observed the provider sitting and eating lunch with people and having general discussions. It was clear that people were extremely familiar with the provider and were comfortable in their presence, enjoying general banter and reminiscing about their recent holiday.

Staff meetings had taken place and minutes of these meeting were recorded. These meetings were used to discuss each person at the service, progress they were making and any concerns staff had. The provider had also shared plans for upcoming training, refurbishment work and activities. One member of staff said, "We are always kept up dated by the provider. We see them on a regular basis and they always have time for a chat and a catch up."

The provider attended regular learning disabilities forums to ensure they kept up to date with best practice. They had good links with other professionals to ensure people received appropriate support.

Registered providers of health and social care services are required by law to notify us of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The provider ensured all notifications of significant events had been provided to us in a timely way.