

Domain Care North West Ltd

Eden House

Inspection report

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Manchester
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected this service on the 8th September 2015. This was the first inspection since the home was registered in September 2014. The inspection was unannounced which means they did not know we were coming to the service to undertake an inspection.

Eden House is a detached property in the Droylsden area of Manchester. Accommodation is available to provide live in support for up to five people, on either a long-term or respite basis. Support can also be provided via the service's day care provision where people come to the service for the day to receive support. These people are

routinely people that have previously stayed in the accommodation service and could stay in the provision again. People using the service are primarily people with a Learning Disability.

On the day of inspection there were two people using the residential service and two people accessing day care. Another person on a planned respite stay arrived later in the day.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff ratios were more than adequate to meet the needs of people accessing the service as support was provided on either a one to one or two to one basis, dependent on assessed need.

We found robust recruitment processes were in place to ensure that the right people were appointed to support roles.

Both staff and management had an understanding of safeguarding. However whilst they knew how to report an issue if they became concerned, we found evidence that not every incident that warranted reporting had been escalated accordingly.

We identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accident and incident mechanisms were in place and we found medication administration and management was safe.

Whilst risks had been identified with particular individuals not all had a corresponding risk assessment in place. We also found working practices and some issues with the premises meant that the control of infection was compromised.

We identified breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The induction process for staff ensured they were familiar with people using the service before support was provided on a 1:1 basis. Staff spoke highly about the training and support provided to them and had knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Management, staff and service users had good relationships. We observed staff treating individuals with dignity and respect and noted that improvements to signage around the home would assist with this.

People using the service were referred to as guests and we saw everyone that used the service was offered opportunities to make choices about their daily routines. We found evidence that people had been involved in making decisions about their care and support. Menus were varied and service users had input into these and helped staff with the cooking.

People who used the service accessed events and activities within the community promoted by the service.

We found that some files contained information that would ensure person-centred care was delivered however one file documented conflicting information. Care plans had been amended and re-printed but the reasons for these changes were not always recorded.

Resident meetings were held on a regular basis. The provider sought the views and opinions of people using the service with regards to relevant topics concerning the home and care provided. There was a system in place for the manager to address complaints made to the home.

Staff we spoke with were proud to work for the service and found the registered manager to be supportive. Staff meetings were undertaken and these meetings were inclusive, with staff being able to give their opinions and contribute to the running of the service. Relevant policies and procedures for the service were in place and available for staff.

Whilst some checks of the service were undertaken by the nominated individual we found there was no effective system of regular audits done by the registered manager. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In relation to the breaches outlined above you can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

There were adequate numbers of staff supporting people accessing the service

Not all safeguarding incidents that warranted a referral were reported

Some risk management strategies were in place

Medicines were obtained, stored and administered safely

Infection control was compromised with the incorrect storage of foodstuffs

Issues with the premises and untimely repairs compromised the safety of people accessing the service.

Requires improvement



Is the service effective?

The service was effective.

Menus were varied and choices were available

There was a robust induction process for new staff.

Correct procedures were followed in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Mandatory training and support made available to staff plus relevant bespoke training to meet individual's needs.

People had access to healthcare services.

Good



Is the service caring?

The service was caring.

There was good relationships between management, staff and people who use the service

People were involved in their care and support.

Staff were respectful and people were given choices.

People's independent living skills were developed and encouraged

Good



Is the service responsive?

Some aspects of the service were not responsive.

People had access to activities and events appropriate to their needs

Requires improvement



Summary of findings

Not all support plans were person centred and one contained conflicting information.

People who used the service were involved regular meetings where their opinions were sought on various issues.

Complaints were responded to and documented. Complainants were contacted after the event to provide feedback to the service.

Is the service well-led?

Some aspects of the service were not well-led

Staff were positive about the service and were proud to work for the company.

There were links fostered with the community.

Audits or monitoring tools were not robust enough to assess, monitor and improve the quality of the service.

Policy and procedures were in place and staff were aware of these.

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 8th September 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to this inspection, we asked the provider to complete 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. The provider returned the PIR in December 2014 and we took this into account when inspecting the service to see if any identified improvements had been addressed.

Before our inspection we also reviewed the information we held about the service including any statutory notifications

submitted by the provider. A notification is information about important events which the provider is required to send us by law. We contacted two commissioners of the service and a Skills For Care Locality Manager and asked them for their views.

During the inspection we weren't able to speak formally with the two people using the residential service or the two people accessing the day care service as a confidential, opportune moment did not present itself due to their support needs. Inspectors relied on observations and listening to interactions that occurred whilst on site. We spoke with five members of staff, the registered manager and the Director. We also spoke with a visiting relative.

We observed care and support provided in communal areas of the home. We reviewed in detail the care records of two people using the service, medication administration records, accident and incident logs, two personnel files and staff training records as well as a range of records relating to the running of the service. We looked at the environment including the kitchen, laundry, bedrooms, bathrooms and communal areas.

Is the service safe?

Our findings

Staff we spoke with and the registered manager understood their responsibilities in relation to the safeguarding of adults and staff confirmed they received training in this aspect. One member of staff considered safeguarding people who used the service their main priority. A visitor told us they considered their relative to be safe and confirmed an assessment had been completed prior to admission and potential risks addressed. Inspectors saw that safeguarding information was displayed in the main hallway and on a poster in the kitchen.

The manager had raised several safeguarding alerts with the local authority and the appropriate statutory notifications had been sent to the Care Quality Commission (CQC). Inspectors looking at reported incidents saw that an individual supported away from the home had managed to leave support staff and enter a building on the opposite side of the road on two occasions. These incidents had placed the individual, staff of the service and other unrelated staff in an unsafe situation.

Whilst the incidents were documented and managed appropriately neither had been escalated via safeguarding procedures. The home had resolved the issue by moving the location of the support base for the individual but failed in their duty to inform the local authority and the regulator.

This constitutes a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One care plan we reviewed documented that no physical interventions were required for the person. The home adopts the Creative Intervention Training In Response To Unsettling Situations (C.I.T.R.U.S) model of training and care plans identified particular techniques needed to support the individual and those techniques not required. Staff spoken with confirmed that CITRUS training was completed annually with refresher training provided in between if identified. This was further supported by the training matrix supplied by the registered manager.

In the care records we reviewed we saw risk assessments were in place and updated when required. We saw a risk assessment for an individual in relation to the use of a bicycle and the areas it was deemed safe for them to ride it.

Risk assessments were counter-signed by the manager and demonstrated that steps had been taken to minimise the risk of harm to people. Risk management strategies were good although inspectors noted that not all risks associated with one individual had been addressed.

The care plan identified a potential risk of self-harm due to specific behaviours but there was no corresponding risk assessment noted on file. Staff need to be provided with appropriate detail with regards to managing specific risks so they are fully aware of the actions they must take to protect themselves and the person being supported. This constitutes a breach of Regulation 12 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Building risk assessments included generic ones for the kitchen environment, fire and evacuation. Inspectors noted that a fire induction was completed for all people using the service which identified specific risks for the individual including the potential need for medication in the event of an evacuation.

The PIR submitted in December 2014 stated that staff had recently used the whistleblowing policy. When asked about this the manager confirmed that one member of staff had complained about a colleague using their mobile phone for personal reasons whilst supporting individuals out in the community. Management had dealt with this matter appropriately using the disciplinary process with the employee and had since issued a memo to all staff outlining the consequences should this situation reoccur in the future. This evidenced that management were willing to respond when the safety of people using the service could potentially be compromised.

Accident reporting mechanisms were in place for both residents and staff however the form being used to record the accident was pertinent to employees sustaining an injury in work only. The reporting form contained limited detail about the accident therefore the provider might look to develop a bespoke template that would capture more specific details. The accident reporting form was further supported by a body map. This was used to record any injuries arising from the accident or incident which the inspectors noted as good practice.

Two staff personnel files were looked at and the Inspector noted that the service had robust processes in place to ensure the right calibre of staff were appointed. Candidates

Is the service safe?

were asked to complete a written exercise as well as a formal interview to gauge previous experience and knowledge. Copies of these were contained on both personnel files reviewed by inspectors and the responses provided indicated both candidates were suitable for the role. Files demonstrated that checks with the Data and Barring Services had been completed and an entitlement to work in the UK query from the Inspector was resolved with the supply of an employee's National Insurance number. People accessing the service did not currently participate in the recruitment of staff.

Inspectors could see there were sufficient numbers of staff on site to meet peoples' needs. Staffing ratios ensured that individuals could pursue their own interests and for some a staffing ratio of 1:1 was increased to 2:1 when support was provided out in the community in order to promote the safety of the individual and to respond to any increased risks.

We checked to see if medicines were being managed safely. The registered manager informed us that the storage of medication had recently moved to a small medication room created by utilising the space under the stairs. This had appropriate security in place with a coded lock on the door. Previously medication had been kept and administered in the main office. This was a busy environment with lots of disturbances and had led to medication errors being made. These errors had been identified, documented and addressed with staff but management recognised the need for a quiet space for staff to be able to process and administer medication and took appropriate action.

Inspectors saw that medication administration records (MAR charts) were in place for residential residents whilst medication administered to those on respite or outreach were recorded on a company medication template. Wherever possible two members of staff signed for the administration of medication and this was reflected on the MAR chart. Records evidenced that staff checked medication stock at the start of each shift when handing over and both members of staff signed accordingly. Controlled drugs are by their nature required by law to be kept in secure conditions. We saw that controlled drugs were both stored and disposed of appropriately.

The home was noted to be clean with personal, protective equipment available for staff. Posters promoting hand washing contained both words and pictures and were displayed in bathrooms. Infection control was however compromised in a number of ways. There was no soap in bathrooms and in the toilet downstairs and a cloth towel was used in the downstairs toilet area. There were dirty handles in the kitchen and a bathroom lino was not fitted properly to the floor.

Inspectors also noted that continence pads had been removed from their packaging and were stored in a set of plastic drawers labelled with the initials of individuals. Once clinical aids are removed from packaging there is a risk of them becoming dirty and not suitable for use.

The laundry was a small utility room and housed a washing machine and dryer as standard equipment. The room was multi-functional and also held the fridge freezer used by the home. We saw food items were not stored safely including bread, fruit, open cereals and packets of biscuits which were being stored in the vicinity of cleaning equipment. Inspectors noted the presence of fruit flies in this area. Inside the fridge raw meat was not stored on the bottom shelf and salad items were stored below them. This left a risk of raw meat juices coming into contact with food items that may not be cooked and pose a potential health risk.

The lack of appropriate hand washing materials, removal of clinical aids from packaging and the inappropriate storage of food and cleaning items constitute a potential risk with regards to the development of bacteria, spread of infection and potential cross-contamination. This constitutes a breach of Regulation 12(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspectors noted that the large kitchen area had lots of cupboards that weren't currently being used and suggested that the service would benefit from utilising these storage areas to create a tidier and safer environment.

Is the service effective?

Our findings

On the day of the inspection there were two residential guests and two people using the day care service offered by the home. We spoke with a family member who praised staff for being “professional” and “constantly watching” people using the service on a residential or respite basis.

A staff training matrix highlighted dates staff had attended each particular aspect of training and also indicated when this was due to be renewed, based on the frequency of refresher training. The matrix demonstrated that staff had received training in relation to mandatory subjects including safeguarding, medication, fire and health and safety. In addition to these staff had also accessed training particularly relevant to individuals using the service including CITRUS, emergency epilepsy medication, epilepsy awareness and adrenal injections, having identified specific training needed to fulfil the role of support staff.

One member of staff stated that “the safeguarding training is spot on,” and added that training in Makaton and speech therapy had been requested in appraisals. Inspectors saw certificates that evidenced three staff had attended report writing training in March 2015, a training gap identified by the provider on the PIR submitted in December 2014. This evidenced that the provider was committed to training staff in aspects other than care to ensure they were fully equipped for the role.

We saw the service had effective systems in place to ensure new members of staff had an adequate induction. New staff completed three shadow shifts prior to commencing in a support role. This allowed them to observe and get to know the role with the support of experienced members of staff. Following completion of a successful probationary period the company looked to enrol staff on a Level Three Diploma in Health and Social Care, as stated in the Induction booklet. A training matrix supplied evidenced that 91% of staff had achieved a Level three qualification or higher or were working towards it at the time of the inspection.

The provider had recently linked up with Skills For Care, with new recruits undertaking the Care Certificate and this was verified by the Skills For Care Locality Manager. The induction booklet was to be revised to reflect the introduction of the Care Certificate and the expectations of

new staff. It was the registered manager’s responsibility to access or deliver quality training and to assess competencies of staff with regards to the 15 elements of the Care Certificate. Progress with this would be evidenced at the next inspection.

Staff we spoke with confirmed that supervision should be every month but was also available on request if an individual employee required it. These sessions covered working practices, training in relation to meeting peoples’ needs, safeguarding, team dynamics and any additional support. “I find them beneficial,” was a comment from one member of staff and, “a great support,” from another. Each year an annual appraisal of staff performance takes place and files of two employees indicated that both had received an appraisal in 2015. However records did not evidence all employees received supervision on a monthly basis as per company policy but staff we spoke with told us they felt supported in their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applied to care homes. These safeguards protect the rights of people using services by ensuring if there any restrictions to their freedom and liberty these have been authorised by the local authority, to protect the person from harm. The service could demonstrate that this process was followed professionally and with individuals’ best interests at heart. One care plan included a capacity assessment carried out appropriately and the decision was reached that the individual had capacity in that situation. A best interest decision was made for another individual, which involved relevant professionals. We noted options were discussed and the least restrictive practice was adopted in line with the Mental Capacity Act.

An audio monitor was located in the office and inspectors heard this when on site. The registered manager informed inspectors that this was in place to provide additional monitoring whilst the individual was in their bedroom, in case of seizures. There was nothing in the care plan to indicate that the person had consented to this monitoring. We outlined this to the registered manager who took the appropriate steps to ensure the necessary consents were put in place. The inspector was contacted the following day and was satisfied that action had been taken.

Care plans included details of what people liked and disliked in relation to food. One care plan identified a potential issue with a particular person accessing regular

Is the service effective?

respite care as their diet seemed different depending on the environment the individual was in. Staff had worked with the individual and parents to distinguish what foods the individual like to eat whilst using the service and these were documented.

Menus were varied and open to change if people using the service did not like what was on offer. Staff told us and we saw that the menu was displayed in the office and on a board in the dining room. Weekly menus were developed with input from people who lived in the home. Staff we spoke with confirmed that people using the service participated in choosing what to eat. They then went out with support from staff to buy the food and helped to cook it, if safe to do so. A family member we spoke with confirmed their relative prepared their own eggs and bacon each morning.

We saw that healthy options had been discussed with a particular individual and offered as an alternative to fast food and takeaways. This conversation was noted in the care plan and told us that the service took a positive approach in ensuring that people using the service were informed about having a balanced diet.

Care and support plans demonstrated successful joint working with health professionals and social care services to ensure people's needs were met. Inspectors saw the service met with the local authority's Behavioural Support team on a monthly basis to present consultancy reports regarding the care and support of people funded by them. These meetings were also attended by other relevant professionals including a behaviour nurse, forensic nurse and a social worker.

Individuals had been supported to access a range of health professionals including a doctor, dentist and hospital consultant. The home had recently experienced an issue with a missing prescription at the local surgery. The registered manager took a proactive approach and arranged a meeting with the doctor to discuss concerns. Actions were agreed by both parties to minimise the risk of this reoccurring and to ensure the well-being of individuals who used the service was not jeopardised in the future.

Is the service caring?

Our findings

We saw examples of staff being kind and caring to people using the service on the day of inspection. Inspectors saw individuals having lunch with staff all sat around a large dining table. Both staff and people using the service were interacting with one another and the atmosphere was friendly, almost family-like. A relative was visiting at the time and joined in with the chat. The meal time was a social occasion and it was evident good relationships were in place with staff and people using the service.

We saw managers maintained good relationships with people who used the service, their families, the staff team and other professionals. One person had been out on a shopping trip that morning and came into the office to show the manager a pair of shoes they had bought. This highlighted to us that management were hands on in maintaining positive, caring relationships and people who used the service felt comfortable approaching them.

The home promoted a culture of 'unconditional positive regard' and the manager clarified that an individual is accepted and supported regardless of what the person says or does. Management stated that if a package of support wasn't working for a particular person they would look for alternative solutions. For example an individual who previously used the service on a day care basis was now supported in a community hall setting, a more conducive environment for the individual and less disruptive for other service users. This demonstrated that the service followed their own ethos as they sourced an alternative base and continued to support the individual in a person-centred way.

Staff were able to fully explain the home's philosophy, about treating people as individuals and helping to promote independence and autonomy. Staff were proud to work for the service and appreciated the differences they made to people's lives with no two people being treated the same. Staff stated they, "consistently try different things to find out what works for the individual." This helped to ensure that people received a good quality service specific to their individual preferences.

People were supported to maintain and build on their independent living skills. Information was provided by staff and individuals were encouraged to make choices. We saw people who used the service were supported to make their

own decisions about their care, exercising choice and control. One person who used the service opted not to wear a protective helmet, a piece of equipment identified to minimise the risk of head injuries for those experiencing seizures. The provider and other professionals acknowledged the decision and additional control measures were in place, with appropriate risk assessments on file in how to support the person's environment.

During a walk around the home we saw staff supported a person in a very calming way. The person may become agitated with loud noise and the support staff asked two people talking to please lower their voice. They did this whilst giving the person encouragement to remain calm both before and after the request was made. In another room there were arts and crafts on the wall, pictures of people having fun and slogans of positivity and friendship. One person using the service was involved with painting and was consistently given the choice of which colour to use when taking part in an activity.

There was a poster displayed in the communal area on the notice board and in the main office showing the contact details of a local advocacy service. Referral forms were available for staff to complete should a person need their support. A care plan evidenced initial contact with an advocate as an individual had expressed the desire to move on and live in the community. Once a suitable property had been identified the advocate's involvement would increase until the process had ended. There was no reference to the availability of advocacy services in the information pack for all professionals and families.

Following a recent emergency admission to the service, staff gave an individual time in private with a close relative to help the settling-in process. A relative we spoke with confirmed staff promoted dignity in the home. They told us, "If support is needed it is there." Staff were both respectful and caring and the relative had been involved in forming the support plan.

People using the service were given the option of having a key to their rooms and could access these at any time. Bathroom and toilet doors had the required privacy locks to ensure a person's dignity was maintained. Inspectors noted that the majority of the doors in the bottom hallway contained no signage so it was unclear what was behind them. A person's dignity could be compromised if a room was entered where personal care was being provided. It

Is the service caring?

was also noted that a person's private space could be more personalised even though they might only be a short-stay respite guest, so that people had a sense of ownership whilst staying in the service.

Management informed inspectors of the intention to join the daisy scheme, available to services within Tameside and Glossop. The Daisy Mark symbol indicated that

services had undertaken an accreditation scheme. The scheme included values benchmarked against the 10 key points of the National Dignity in Care campaign, and indicates that care is delivered with dignity and respect. Progress with this would be evidenced at the next inspection.

Is the service responsive?

Our findings

We looked at the support plans of two people, one who lived in the home on a residential basis and another who used the home for regular respite stays.

We reviewed whether the care plans were written in a person-centred way. Person-centred care indicates care is specific to the individual concerned. One support plan contained detailed information about health conditions pertinent to the individual in a hospital passport. A hospital passport is used to provide hospital staff with important, often vital, information about people with learning disabilities. They assist hospital staff to support people with their ongoing healthcare needs when they are admitted to hospital.

The care plan also contained a Younger Persons Positive Reputation profile which highlighted specific things the person was good at or enjoyed. One plan listed music as a “like” and we could see from other information that music was important to this individual, a hobby the service promoted and encouraged. Inspectors saw people had access to activities and outings appropriate to their individual needs and requirements. The person who liked music attended a Tuesday music session held locally.

One aspiration of a person who lived in the home was to move on and live with support in the community and a care plan on file reflected the work done on this so far. The person had been involved in meetings and had a PATH (Planning Alternative Tomorrows with Hope) plan on their bedroom wall. The person had been fully involved in the planning tool which started with their future goal of wanting to live in the community and worked backwards, outlining first steps that were positive and achievable. An advocacy referral form would be completed once a suitable property was found.

We noted that care plans were reviewed on a monthly basis by the registered manager and then on a quarterly basis by internal quality assurance systems. One care plan we reviewed was for an individual who used the home on a regular basis for respite. We read that the relationship with parents was very good, however the family contact sheet was not completed with any important activity undertaken with family that might add to a more holistic approach when the individual accessed the service. The care plan

could have been more detailed with regards to what the plan was at home and what this was in the service so that staff were aware of the differences in support needs depending on the particular environment.

When changes were made to a particular care plan or risk assessment they were updated and reprinted by the service. Two risk assessments for car travel and personal care had been updated in August however it was not apparent what those changes were as these were not noted on the review sheet. This information is important for any new staff or agency staff coming into the service as well as existing staff. Any staff unaware of changes in support to an individual could deliver inappropriate care causing a possible negative impact on the person using the service.

Inspectors saw on file, minutes of meetings held for people using the service. These were every two months. People were able to raise concerns and minutes evidenced they were asked for their opinions on a number of topics including activities, meals, cars, travel and staff. There had been one attempt to present the minutes using pictures and an easy-read version might be an aspect the service develops further.

Staffing ratios ensured people were treated as individuals and people were able to access the community with support from staff either on a 1:1 or 2:1 basis, depending on identified need. We could see this was happening as a person returned from a shopping trip with a staff member whilst we were on site. A relative confirmed there was plenty going on. Despite only being with the service for a short time someone had been to a music festival, attended Manchester Pride and had been to the cinema with staff support.

One person who used the service had complex medical needs with a rescue medication protocol on file. The home had sourced a small rucksack so that a prn box of medication could be carried discreetly by the individual, meaning they were still able to access the community and enjoy activities.

We discussed the complaints procedure with the provider and we could see responses had been provided to complaints within designated timescales. We could also see that the provider took appropriate action. For example, the service had tried to promote positive relationships

Is the service responsive?

following a complaint from a neighbour by inviting them to events held in the home. They had also purchased individual laundry bags to wash clothes in following a complaint about missing laundered items.

One complaint had been made about staff using mobile phones whilst on duty and all staff had recently been sent a memo. Staff we spoke with confirmed this was the case and had been made aware of the consequences should this reoccur.

Any one making a complaint was sent a questionnaire after it had been dealt with. This was to gather feedback with regards to the handling of the complaint and to check on

other aspects of the service. One relative had not yet received an information pack on the service and was unaware how to make a formal complaint. They told us they would have no qualms in approaching staff or managers but would probably tell their social worker in the first instance.

One of the people who used the service had been nominated by others to be a Guest Representative. People who came to use the service were made aware of this on admission and could approach them if they had any concerns or complaints.

Is the service well-led?

Our findings

The registered manager of the service had been in post since the service was registered in September 2014.

Staff and a relative we spoke with were positive about the management of the service. One staff member told us, “The manager is really supportive.” They were not asked to do anything that the manager would not do themselves. We were told that management, “always have time” to deal with things.

Staff meetings were held quarterly with the latest one being 28th July 2015 when a guest speaker from the Speech and Language Team (SALT) had attended. We saw there was a set agenda with staff given the opportunity to add any other business. People who used the service were always discussed, as was safeguarding, identified risks and issues. The minutes highlighted that meetings were inclusive, with staff influencing decisions, including the introduction and implementation of specific techniques to keep people safe.

When asked whether the manager was approachable a relative replied, “Without a doubt.” They went on to say that all dealings with the management were good. The management offered support and showed compassion.

The Statement of Purpose accurately reflected the aims and values of the service which staff were aware of and worked towards. Staff we spoke with were proud to work for the service and recognised the difference they were making to people’s lives. Staff were highly motivated with one staff member willing to undertake an on-line neuro-linguistic training programme to cascade their learning with other staff.

Links with the community were evidently fostered and encouraged, with various local activities and events advertised on the notice board. Information on local network groups included dance, drama and swimming groups and one person assisted with DJ’ing at a local pub.

We saw policies and procedures that were specific to Domain Care, the parent company of Eden House. One member of staff confirmed they were aware of the whistleblowing policy and would use it should the need arise.

During this inspection we looked at what the provider did to check the quality of the service. Regular formal audits

can be used to monitor the performance of a service. They can also help identify areas for improvement and are indicators that actions are required to resolve identified concerns.

We found there was one medication audit on file undertaken by the Clinical Commissioning Group on the 28th April 2015. The stock of medication was being balanced on each change of shift and signatures were checked on medication records but there was no formal monthly medication audit undertaken on a regular basis by the provider. We noted that there was no receptacle in the medicine cupboard to store medication earmarked for return. It was kept with other stock until collected by the pharmacy. Completion of an audit by the manager would have helped identify and resolve this issue.

We looked at a book where staff recorded repairs required to any equipment or the building. This method of reporting repairs was inadequate as it wasn’t always made clear what had been addressed and what was outstanding. Out of date food was disposed of by the service but open and closing checks for kitchen-related tasks had not always been completed. As the service had no formal audit mechanisms in place to identify health and safety issues or building defects these were not addressed in a timely manner.

We saw on file that the nominated individual completed several audits 2015 and one in November 2014. During these audits recruitment, training and supervisions were reviewed and discussed with the registered manager. A performance visit undertaken annually was done in May 2015. Two care plans were audited and staffing, activities and medication were covered. It wasn’t clear whether any issues identified as a result of the audits carried out by the nominated individual had been addressed as there were no corresponding action plans.

We noted that feedback from various sources was sought on a monthly basis from one person who used the service, one relative and one professional. At no point in time was an annual survey undertaken where everyone coming into contact with the service was consulted at the same time. In doing this the provider would have a “snapshot” of where the service was at that time and then would be able to look back once improvements have been made to gauge what differences, if any, these had made. We found the quality assurance systems the provider had in place were ineffective in assessing the quality of service provision.

Is the service well-led?

We identified that systems to assess, monitor and improve the quality and safety of services provided to people at Eden House were not robust enough. We concluded that this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care plans did not contain all relevant risk assessments pertinent to individuals.

Regulation 12 (2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

Working practices and some aspects of the premises did not prevent and control the spread of infections.

Regulation 12 (2)(h)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Systems and processes were not followed accurately and effectively on two occasions in order to safeguard a service user.

Regulation 13 (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems to assess, monitor and improve the quality and safety of services provided to people at Eden House were not robust enough.

This section is primarily information for the provider

Action we have told the provider to take

Regulation 17 (1) (2) (a)