

Mrs M Chungtuyco

# Eden House Residential Home I

## Inspection report

Eden House  
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Oxford  
Oxfordshire  
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Tel: 01865776012

Date of inspection visit:  
15 November 2018

Date of publication:  
11 December 2018

## 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

We undertook an unannounced inspection of Eden House 1 Residential Home on 15 November 2018. People in nursing 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. The service is registered to provide nursing care for up to eight older people, some of whom have dementia. On the day of our inspection seven people were living at the home.

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

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

People were safe. There were sufficient staff to meet people's needs and staff had time to spend with people. People's nutritional needs were met and staff supported people to maintain a healthy diet. Where people had specific dietary needs, these were met.

Risk assessments were carried out and promoted positive risk taking, which enabled people to live their lives as they chose. People received their medicines safely. Records relating to risks and medicines were accurate and up to date.

The service provided support in a caring way. Staff supported people with kindness and compassion and went the extra mile to provide support at a personal level. Staff knew people extremely well, respected them as individuals and treated them with dignity whilst providing emotional support. People and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs.

There was a positive culture at the service that valued people, relatives and staff and promoted a caring ethos that put people at the forefront of everything they did.

People received effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs and the Care Home Support Service (CHSS) to ensure their health and well-being was monitored.

People had access to information about their care and staff supported people in their preferred method of communication.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service has improved to Good.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

# Eden House Residential Home I

## **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 15 November 2018 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and information we held about the service. This included notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with six people, three relatives, two care staff and the registered manager. During the inspection we looked at five people's care plans, four staff files, medicine records and other records relating to the management of the service.

# Is the service safe?

## Our findings

At our inspection in August 2016 we rated Safe as Good. At this inspection Safe remains Good.

The service continued to provide safe care to people. People's comments included; "I feel very safe because I feel happy here and they are nice people", "Really lovely here better than anywhere else, they keep you safe" and "I was in a state when I came here, better now, I got to be safe". A relative said, "Safe and that means so much".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "I would contact the local authority". The service had systems in place to investigate and report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at risk of pressure damage. The person's care record gave guidance for staff to carry out and record frequent observations and report any changes of the person's skin condition to healthcare professionals.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE (personal protective equipment), hand washing, safe disposal of sharps and information on infectious diseases.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. Staff rotas confirmed planned staffing levels were consistently maintained. One person said, "If I want help I get it straight away. Got a bell here". One relative commented, "[Person] gets 24 hour attention".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, where people suffered falls the incidents were investigated individually and collectively to look for patterns and trends. Where patterns were identified people's care was reviewed and referrals made to healthcare professionals.

# Is the service effective?

## Our findings

At our inspection in August 2016 we rated Effective as Good. At this inspection Effective remains Good.

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One relative said, "Mum was always a very private person, wouldn't like to be looked after by lots of different people. This suits her well. She is looked after by people she knows and trusts". New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act. Staff we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager).

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example, where people were at risk of choking a speech and language therapist (SALT) had assessed the person and provided guidance for staff. This guidance was incorporated into the person's support plan. The service worked closely with healthcare professionals, GPs and social workers and ensured people had good access to services to meet their healthcare needs.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "They [people] all have different capacity so we talk to them a lot. I assume they have capacity and always offer choices. It's their decision after all". Staff routinely sought people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection, no one at the service was subject to a DoLS authorisation.

People's nutritional needs continued to be met. Care plans gave detailed guidance on people's needs, including their preferences and any allergies. We observed the lunchtime meal which was a quiet but sociable event. The food was served hot from the kitchen and looked wholesome and appetising.

People spoke with us about the food. Their comments included; "[Staff] is a very good cook. I love fish and chips Fridays" and "Like the food, lovely".

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Signage was clear

supporting people to navigate around the home, which was dementia friendly.



# Is the service caring?

## Our findings

At our inspection in August 2016 we rated Caring as Good. At this inspection Caring remains Good.

People continued to benefit from caring relationships with staff. People's comments included; "All so kind [staff]. Can't do enough for you", "The staff are so lovely, they look after me so well", "Such a caring staff here, look after me well" and "I was very poorly when I came in, now I'm walking about". One relative said, "I don't have to worry, they are like a family to us and them [staff] treat her as part of their family".

Staff spoke with us about positive relationships at the service. One member of staff said, "I love my work and these people are like family to me". The emphasis on family was repeated to us throughout our inspection.

Staff were supported by the service to provide emotional support for people. Care plans evidenced staff interacted with people beyond physical support. For example, one person could become anxious. Staff were provided with guidance on how to effectively support this person and we observed staff using these techniques to calm and reassure them.

People were treated with dignity and respect. One person said, "Always knock on my door, very respectful when they give me a shower". When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. We observed many respectful interactions throughout our visit and saw staff promoted people's dignity by being discreet, thoughtful and caring. It was clear this culture was embedded throughout the service.

People's independence was promoted. Care plans guided staff to support people to remain independent. We spoke with staff about promoting people's independence. One staff member said, "When [person] first came here he wouldn't leave his room. It took a long time but he now comes down (from his room) and even goes out to the local shops. One a good day he goes on his own".

People were involved in planning their care and the day to day support they received. Care plans contained detailed personal information evidencing people and their relatives had contributed to the creation of their care plans. Records showed people were involved in reviews of their care and staff told us they involved people in their support.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office.

# Is the service responsive?

## Our findings

At our inspection in August 2016 we rated Responsive as Good. At this inspection Responsive remains Good.

People were assessed to ensure their care plans met their individual needs. Staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. For example, one staff member said, "I use a person-centred approach. It is their wishes and choices as an individual that counts". Records confirmed staff had received training in equality and diversity.

Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion.

The service was responsive to people's changing needs. One person's needs changed due to an improvement in their condition. The care plan reflected this person's current needs and their improved mobility.

The service supported people to have access to information. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives. Where required, documents could be provided in large print or in a foreign language. One staff member spoke about helping people to access information. They said, "We read care plans to residents where appropriate and I am always cleaning their glasses".

People knew how to raise concerns and were confident action would be taken. One person said, "I know how to complain and I'm sure that they would fix things". The services complaints policy and procedure were held in people's 'service user guides' in their rooms and displayed around the home. There had been no recorded complaints.

People's opinions were sought and acted upon. The provider conducted regular quality assurance surveys where people and their relatives could express their views about all aspects of the service. We saw the results for the latest surveys which were extremely positive. The registered manager investigated any issues raised by the survey and took action. For example, menu changes were often inspired by people's comments.

People were offered a range of activities they could engage in. Activities included; arts and crafts, music, and games. Events such as fireworks night, Halloween and Christmas were celebrated and people enjoyed regular trips out of the home to places of interest. One person said, "I like my nails and hand massaged. Staff have time to chat to me".

At the time of our inspection no one at the service was receiving end of life care. However, staff told people's advanced wishes would be respected. For example, some care plans contained details relating to people's wishes not to be resuscitated in the event of a cardiac arrest.

# Is the service well-led?

## Our findings

At our last inspection in August 2016 we rated Well-Led as Requires Improvement. The service did not always notify us of notifiable events that happen in the service. At this inspection we found improvements had been made and the service has improved to Good in Well-Led.

The registered manager was fully aware and able to explain the circumstances in which a notification should be submitted to the Care Quality Commission. Notifications are certain events that providers are required by law to tell us about. Records confirmed there had been no notifiable events since the last inspection.

People we spoke with knew the registered manager and felt the service was well run. Throughout the inspection we saw the registered manager speaking with and supporting people in a friendly, familiar manner. We saw that people clearly knew the registered manager and they responded positively. People's comments included; "[Registered manager] don't take any messing", "It is very well managed. If [registered manager] sees something wrong she deals with it" and "Good manager, she listens and fixes things".

Relatives also spoke positively about the registered manager and the service. Their comments included; "Brilliant manager, does everything that she should", "[Registered manager] is on the ball and does a great job. She has really persevered with him [person]" and "I can't fault the manager. Everything is spot on. [Registered manager] took over the running, it's not changed one bit. As soon as you walk in, cup of tea and you're welcomed".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "[Registered manager] is superb, supportive and so helpful" and "It is open and honest here, very much so. We are like a family, we talk about things and get them done. I have fun when I come to work".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. For example, one audit identified refresher training was due. We saw staff were provided with this training. Another audit identified patterns relating to people's behaviour. A meeting was held with healthcare professionals to address this issue which resulted in a reduction in behaviour related incidents.

Staff told us learning was shared at staff meetings and supervisions and that communication in the service was good. One staff member said, "We discuss every resident in detail every two weeks, or sooner if there are changes".

The service worked in partnership with local authorities, Care Home Support Service, GPs, District Nurses and other healthcare professionals.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.