

Mr and Mrs Bradley

# Edenhurst Rest Home

## Inspection report

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected the service on 9 September 2015. The inspection was unannounced. Edenhurst Rest Home is registered to provide accommodation for up to 24 older people. The service is split into two separate areas with 12 people in each, with separate living areas and kitchens. On the day of our inspection 24 people were using the service.

The service had two registered managers in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to

manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered managers are also the registered providers of the service.

People felt safe in the service and staff knew how to protect people from the risk of harm. Medicines were managed safely and people received their medicines as prescribed. There were enough staff deployed in the

# Summary of findings

service to meet the needs of people and to ensure they received care and support when they needed it. Staff had plenty of time to spend chatting with people and making sure they were stimulated, as well as time to deliver care and support.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People felt staff were very knowledgeable about the work they were doing and our observations supported this. People were supported to maintain their nutrition and hydration and were given high quality food cooked from fresh ingredients by dedicated cooks. Staff ensured healthcare advice was sought when people's health needs changed and that care and support was given in line with any changes. Health professionals held the service in high regard and felt staff worked hard to meet people's health needs.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found people who were not able to make their own decisions about the care they received were protected under this legislation.

People lived in a service where the ethos was inclusion and valuing people as individuals. Staff took the time to get to know people and their families and tailored their support to meet individual need. People praised the provider and staff for the way they went the extra mile to make them happy and make them feel part of a family.

People were treated with dignity and respect and empowered to make choices about how they lived their life. Staff were kind and caring and compassionate when supporting people and they took the time to ensure people's families were a part of people's daily life.

People were supported to have a varied and fulfilling social life and to follow their hobbies and interests. They enjoyed the activities and social stimulation they were offered and felt they were a part of the wider community. They were given support to live their lives as independently as possible. Staff ensured people were involved in planning their own care and were committed to ensuring these preferences were adhered to. People were very happy in the service but knew who to speak with if they had any concerns they wished to raise and they felt these would be taken seriously and acted on.

The provider led from the top to ensure staff understood the visions and values of the service and were all striving to achieve high quality care. People were empowered to live a fulfilling life and were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. The provider put people's views at the heart of the service and was committed to making sure they were the driving force behind the way the service was run. Systems were in place which effectively assessed the quality of the service and identified any improvements which could be made.

# 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?

The service was safe.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it and to also spend time chatting with people and getting to know them.

Good



### Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision. People felt staff were knowledgeable about their work and our observations supported this.

People were supported to maintain their hydration and nutrition. Their health was monitored and staff responded when health needs changed.

People made decisions in relation to their care and support and if they did not have the capacity to make certain decisions, staff acted in accordance with the MCA.

Good



### Is the service caring?

The service was caring.

People were treated with kindness, compassion and respect by a team of staff who valued them as individuals and took the time to get to know what was important to them. People's relatives were seen as a vital part of daily life and were supported to be fully involved.

People felt they were part of a family and were empowered to make choices and decisions about the way they lived in a service where the ethos was inclusion and valuing people as individuals. People who lived with a dementia related illness were given patience and understanding and staff worked hard to relieve any discomfort, anxiety and to support people to make choices.

Outstanding



### Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to be a part of the wider community and to pursue their interests and hobbies. People were supported to feel valued and to live their lives as independently as possible.

People were very happy in the service but felt comfortable to approach the manager with any issues and felt complaints would be dealt with appropriately.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

There was an extremely positive atmosphere and people were very much at the heart of the service. The management team were committed to providing high quality care and support to people and worked hard to achieve this.

The provider led from the top to ensure staff understood the visions and values of the service and were all striving to achieve high quality care. They treated people and their relatives with compassion and understanding and made this a core value in the service.

There were effective procedures in place to monitor the quality of the service and these led to a service which was achieving positive outcomes for people.

# Edenhurst Rest Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We inspected the service on 9 September 2015. This was an unannounced inspection. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection

reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views. We also spoke with two health professionals who had involvement in the service.

During the visit we spoke with 10 people who used the service, four relatives, two members of care staff, a senior carer, the cook and both of the registered managers (who are also the registered provider). We observed care and support in communal areas. We looked at the care records of three people who used the service, the medicine administration for 12 people and staff training records, as well as a range of records relating to the running of the service including audits carried out by the manager and provider.

# Is the service safe?

## Our findings

All of the people who used the service that we spoke with told us they felt safe. They told us that if they were concerned they would talk to a member of staff or if it was of a serious nature they would speak with the manager. One person said, "You don't have to have any worries in here." Another person said, "I went home for [occasion] but I just wanted to get back here because I feel safe here."

Relatives also felt that their loved one was very safe and they had absolutely no concerns. One relative told us, "I've got no worries when I leave, I know full well [relation] is being looked after. I never have to check if things have been done, or if [relation] is being fed because I know it will all have been done. I have never had a concern". Another relative said, "I never worry when I leave here. I know [relation] is happy and safe. I don't even have to think about it."

Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. There had not been any incidents which needed to be shared with the local authority but the provider had appropriate systems in place to ensure people were protected from the risk of harm.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. We saw from the care records of one person that, following a fall, their risk assessment and care plan had been updated to reflect the risk. The manager told us that the service had a good relationship with the local falls team and that referrals were made if a person developed a risk of falling.

People could be assured that equipment being used was safe as the provider had systems in place to monitor and maintain equipment and staff were given guidance on how to use the equipment. We observed staff using equipment during our visit and saw they used it safely.

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help

then staff were quick to respond. One person told us about an occasion when they had rung their emergency call bell and, "Four staff came immediately." Relatives also said they felt there were enough staff to give their relation the care they needed.

Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. There were systems in place to adjust staffing levels to meet the changing needs of people and the manager told us that if a person's needs changed and they required more support then staffing levels would be increased to give the extra support.

We observed during our visit that there were enough staff to give people support in a timely way. There was a member of staff in the lounge areas at all times and call bells were answered immediately. When a person requested support, a member of staff was always available to give this straight away. Staff took their time when supporting people and also spent time chatting with them throughout the day.

People received their medicines as prescribed and medicines were stored and managed safely. People we spoke with told us they were given their medicines when they were supposed to and that if they needed any pain relief this was given.

People were asked on admission if they would like to manage their own medicines but all of the people who used the service had opted for staff to manage this for them. We observed a member of staff administering medicines to people and saw they followed safe practices. Staff received training in the safe handling and administration of medicines and had their competency assessed.

We looked at the medicines storage and administration records and we found the systems were safe and people were receiving their medicines as prescribed. Audits were carried out to assess if medicines were being managed safely. We saw there had been a recent audit had been also carried out by an external medicines specialist and the service had scored highly in the audit.

# Is the service effective?

## Our findings

People felt that staff were well trained, knew what they were doing and knew them and their needs well. One relative told us, “The staff are always being sent on courses. They know exactly what they are doing but they keep up to date with the latest research and care. Some of them could teach the courses themselves they are so knowledgeable.” We observed staff caring for people and saw they were confident in their role and followed good practice, for example when using supporting people to move and giving reassurance to people when they appeared distressed due to living with a dementia related illness.

Staff told us they were given the training and development to enable them to do their job safely. They said that if there was any training they felt they needed they just needed to tell the manager and it would be booked. Records confirmed staff were given training in a range of areas such as moving and handling and infection control. Staff were also given training in relation to care needs such as nutrition and dementia. When staff commenced working in the service they were given an induction to prepare them for the role.

The staff we spoke with told us they enjoyed working in the service and had worked in the service for a number of years. Staff told us they had regular support and supervision with the manager, where they were able to discuss the need for any extra training and their personal development. We saw records of the supervision meetings staff were attending and saw these included observations of staff undertaking tasks such as moving and handling to ensure staff were following safe practice.

People felt they were supported to make decisions about their care and support and the manager and staff we spoke with had an understanding of the Mental Capacity Act (MCA) and described how they supported people to make their own decisions.

Where people lacked the capacity to make certain decisions, we saw the manager had undertaken an assessment to assess capacity in line with the Mental Capacity Act 2005 (MCA). The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. Where the assessment showed the person did not have the capacity to make a decision the manager had made the decision for the

person based on what was in their best interest and had sought the views of other professionals involved in the person’s care and support. There was some conflicting information in the care records of one person in relation to an advanced decision they had made, however this had not had an impact on the person as staff knew about the decision.

The manager displayed an understanding of the Deprivation of Liberty Safeguarding (DoLS) and told us they had made an application for one person who they felt may need to have a DoLS in place. The staff we spoke with had a basic understanding of DoLS and the manager was in the process of meeting with a member of the DoLS team to ascertain if a referral was needed for any other people who used the service. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People were supported to maintain their nutrition and hydration. All of the people we spoke with commented on the quality of the food and said how good it was. One person said, “I look forward to the food and I always enjoy it.” Another said, “There is plenty of food. I really enjoy it.” The provider sourced high quality local fresh ingredients for the cooks to prepare fresh home-made meals and we observed lunch being served and we saw it was very appetising and had a good balance of nutrition. People ate a healthy amount of food and where people needed support from staff this was given. Where people had a smaller appetite they were served food on a smaller plate so they didn’t feel overwhelmed with food and we saw this was effective with people eating a good portion. We saw people were offered extra portions of food and drinks during lunch.

People were served drinks throughout the day and there was a drink machine for people to help themselves. There was fresh fruit on display for people to help themselves and there was open access to the kitchen for people to request drinks and snacks.

We spoke with the cook and they showed us the records they kept of people’s likes and dislikes and any special diet. We saw people were provided with special diets where this was needed. Nutritional assessments were carried out on people on a monthly basis and where a risk was identified the person’s weight was regularly monitored and records kept of people’s food intake.

## Is the service effective?

People's health needs were monitored and their changing needs responded to. People told us they were supported to see a doctor when they needed to and that this was arranged the same day if needed. People also told us that chiropodists and opticians visited them at the service.

We spoke with a health professional who visited the service and they told us that welcomed advice from visiting health professionals and always followed the advice given. We saw from care records that staff sought advice from a range of external professionals such as the Speech and Language Team (SALT) the falls team to support people with their health care.

Where people were at risk of developing a pressure ulcer or had developed an ulcer, staff had sought appropriate advice from the district nursing team and had obtained specialist equipment to help manage the risk. One relative told us that their relation had been admitted to the service from another service with a severe pressure ulcer but that with appropriate care from the staff at Edenhurst this had healed and despite their relation not being mobile, they hadn't suffered from a further pressure ulcer.





# Is the service caring?

## Our findings

Without exception people who used the service and their relatives told us that staff were consistently caring and kind and that they felt very well cared for. One person described a condition they had and told us how staff worked with them to treat their condition with sensitivity and dignity which helped to reduce their embarrassment. They told us, "They are very kind." Another person told us, "The staff are extremely caring. If staff care for you it makes a difference. A relative told us, "I feel classed as very fortunate. I know full well [relation] is being cared for."

Since our last inspection we have consistently received positive feedback from relatives and visiting professionals. One relative took the time to contact us recently, prior to our inspection, and told us, "My [relation] lived in the home five years before passing away and the care was excellent."

Throughout our visit there was a happy and lively atmosphere in the communal areas with lots of activity and conversations between people who use the service and staff. There was much fun and laughter between staff and people who used the service and the interactions were warm and loving. People had clearly developed a good relationship with staff and with each other and there was friendly banter. People looked happy and content. One person told us, "We are all friends here." Another said, "This is a really happy place." We also observed people supporting each other. For example we saw one person reminding another that it was lunch time and the person walked with them to the dining area. We observed the lunch time meal and saw this was very much a social occasion with people chatting together and with visitors and staff.

People were treated with kindness and compassion by staff. We heard staff speaking to people in a kind tone of voice and they were patient and understanding with people. A health professional who had been visiting the service for a number of years told us, "Staff spend time with people and people always look happy. It is very homely and a family environment." They told us that they had seen staff respond to people to check on their needs if they appeared to get disorientated. We saw this happen in practice when one person became agitated and a member of staff asked the person if they would like to go outside for a walk, which they did. The person's mood lifted following the walk.

People told us that some staff had worked in the service for up to 28 years and that they were like a part of their own family. One person said, "It's a home from home." Another person said, "I am happy and we all join together here. It's like a big family." Staff confirmed this and said that the best thing about working in the service was a family type environment. People told us the provider and his family spent time with them and that on Christmas day the whole of the provider's family were in the service helping out with Christmas dinner. A visiting health professional also commented on the family like ethos and said, "It is a family environment."

The providers had owned and been working in the service for many years and they told us the ethos of the service was family orientated. The provider's children had been frequent visitors to the service since they were born and had grown up with the people who used the service and developed a strong relationship with them. The week prior to our visit people who used the service had attended the wedding of the provider's daughter and regaled us with how much they had enjoyed this.

The provider spent a great deal of time around the service ensuring people's individual needs were being met and that people were happy. He also paid time and attention to people's emotional needs and did things over and above to reassure people. We were given examples of where the provider instilled a caring and compassionate leadership which they ensured filtered down to the group of staff. For example, one person told us that their elderly relative visited every day and that the provider always gave them a lift home in the evening. This was to ensure the relative was safe and to reassure the person that their relative had got home safely.

People who used the service, their relatives and staff working in the service all praised the provider and his wife and their commitment and consistent leadership to the service. They said he was there six days a week and sometimes also on the seventh. They told us he spent his time in communal areas and went out of his way to do things for them. For example one person liked to attend church on a particular day and the provider took them in their car. One person said, "He is kind and devoted and looks on us as his children. He is like a father and would do



## Is the service caring?

anything for you.” A visiting health professional told us, “They (the provider) has built positive relationships in the service and I have seen how people’s face “light up” when he enters the room.”

Staff showed a kindness and compassion for relatives, as well as people who used the service. Staff told us that when one relative didn’t visit at their usual time they had telephoned them to make sure they were alright. This showed that staff extended their compassion to the relatives of people who used the service. People told us their relatives were made to feel very welcome and on the day of our visit we saw this was the case. We saw people and their relatives were given a tea tray with cups and saucers, a tea-pot and biscuits and the provider told us, “This is what people would do if their relatives visited them in their own home so we feel it is fitting.” One relative stayed for lunch with their relation and we saw this had a positive impact on the person who used the service. The person kept patting their relatives arm and saying, “I love having [relative] here.” We saw staff catered for the relative’s special diet and they told us they ate at the home regularly with their relation.

Staff knew people well and it was clear they knew about their life, including what and who was important to them. When staff were walking with people or taking them a drink they used the opportunity to talk about visitors or relatives and it was clear staff knew who was important to people and had developed relationships with them. Staff knew about relations lives and extended families and knew what days relatives visited their relation and used this as part of their chats with people. We saw one person who lived with a dementia related illness become upset and staff gave reassurance and then read out a newspaper and discussed the main news items which staff linked to the person’s own work history and interests which showed staff knew people’s histories very well.

We saw that staff took the time to make sure individual communication needs were recognised and this was recorded in people’s care records. For example, we saw staff make eye contact with people and get down to eye level to get people’s attention before starting a conversation or ask them a question.

People were given choices about what they did and what they ate. We saw there were two choices available for each meal and one person told us, “If you don’t fancy what is on the menu they will make you something else.” We observed the cook asking people what they would like for tea and we observed a person being given several choices for desert when they displayed a disliking for what was on the menu. We saw people ate in one of two dining rooms and people were also able to choose to eat in their room or in the kitchen with staff. We saw staff give a detailed explanation to people to ensure they understood what meals were available and people were encouraged to be independent by cutting up their own food when able.

People we spoke with told us that staff respected their privacy and dignity. One person said, “I can go to my room if I want some quiet, or I can sit in the garden.” People told us they were given their mail to open. We observed people taking their visitors to their bedrooms for some privacy. We observed staff respecting people’s privacy and dignity when supporting them. For example speaking to people discreetly about matters of a personal nature and knocking on bedroom doors and waiting for an answer prior to entering.

We spoke with two members of staff about how they would respect people’s privacy and dignity and both showed they knew the appropriate values in relation to this. One member of staff was a privacy and dignity champion and told us their role was to give guidance to other staff if this was needed.

People were supported to access advocacy services if they wished to. We saw there were leaflets displayed in the service informing people how they could access an advocate if they wished to. Advocacy had also been discussed in a recent meeting held for people who used the service to ensure people understood what an advocate could do and how people could access them. Advocates are trained professionals who support, enable and empower people to speak up.

# Is the service responsive?

## Our findings

People told us they were treated as individuals and chose how they were cared for and supported. People told us they had been supported to have their own furniture and pictures in their bedrooms and were involved in all aspects of their care. Relatives also felt included in planning the care of their relation and said staff always kept them informed of any changes. One relative told us that they had chosen and purchased the pictures for the corridor leading to his relation's bedroom.

We spoke with staff and they knew the likes, dislikes and preferences of people they were supporting and we saw this information was recorded in people's care records.

People told us they were supported to maintain their independence and to keep mobile. Although there was a passenger lift in the service we saw people being encouraged to walk and use the stairs accompanied by staff where needed. One person told us they liked to get themselves washed and dressed in the morning and tidy their own room. They said, "I like to get up early and do my chores before I go down to breakfast." Another person said, "They encourage us to do as much as we can for ourselves."

We saw that care records detailed people's needs and how staff should support them. These records were reviewed regularly by senior care staff and we saw changes were detailed in the records. We found some inconsistencies in what was recorded about one person's current needs in one of the plans we looked at. However there had not been any impact on the person as staff had a very good knowledge of the person's needs and a senior member of staff corrected the record.

Health professionals we spoke with told us that people's needs were responded to. One told us, "Staff are very responsive to people's needs." Another told us that staff had worked hard to meet the needs of a person who communicated through their behaviour and this had been successful.

People were supported to maintain their individual hobbies and interests. We saw staff frequently spent time sitting and chatting with people and engaging them in activities and people told us about participating in varied activities such as keep fit and singing. We observed staff

playing dominoes with individuals and reading the newspaper to small groups of people and individual discussions. One person was knitting for the local hospice and others were doing jigsaw puzzles, or playing games. People were asked regularly throughout the day whether the programme on the TV was what they wanted to watch or whether they wanted to change channels. We saw staff sitting with people and describing what was on TV and what else was happening in the room. The provider's Daughter also brought in her wedding photographs during our visit and spent some time with each person who wanted to see them. This was greatly enjoyed by people and they spent time identifying staff and other family members in the photographs.

Staff had accessed memory bags containing books on specific themes and times from the local library and told us that people who used the service chose the themes. Staff used these to encourage discussion about different eras. Staff were also using a current story about the Queen's long reign to reminisce and talk about people's lives and jobs they had done. People told us that the staff and people who used the service did regular fund raising events and that the money raised was used to take people out on trips to places of interest. People told us about recent trips they had been on including a river trip and an evening at the theatre.

People felt they could speak with staff and tell them if they were unhappy with the service and said they were sure things would be addressed. They told us they did not currently have any concerns but would feel comfortable telling the staff or manager if they did. One person said, "If you want to know anything you just ask." Relatives we spoke with did not have any concerns and said they would feel confident to speak with the staff or the provider if there were any issues and felt they would be acted on.

The provider told us there had not been any complaints made since our last inspection and so we were unable to assess how complaints would be dealt with. The provider told us there was a procedure for staff to follow should a concern be raised. We saw the procedure on display and staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them immediately to the provider.

# Is the service well-led?

## Our findings

Without exception people, visitors, staff and professionals were overwhelmingly positive about the leadership of the home. They felt that the reason for the consistent high quality of service came from the proactive and positive leadership which filtered down to all of the staff. People told us the provider had developed a high quality service and that they cared about the people living there. Everyone reported being happy in the service. One person said, "It's like a hotel." Another said, "Every day I wake up and I think, how lovely to be here. To think I will end my days here, I think how lucky I am." A third said, "I am very happy here, everyone is lovely."

The service is owned and managed by the registered providers, who are both registered as managers and work daily in the service. Both were clearly committed to delivering high quality care to people who use the service.

People were cared for by staff who were supported and motivated by the provider. Staff told us they felt supported by the provider and said they all worked together to ensure the best outcomes for people who used the service. Some members of staff had been working in the home for many years and one member of staff told us, "It is a lovely family and happy atmosphere and I never want to leave." Another said, "I love getting out of bed and coming here. I look forward to it." We saw staff were supported to attend regular staff meetings and the provider used these to praise staff on the work they were doing and to thank them for their loyalty and commitment.

We spoke with two health professionals and they commented positively on the way the service was managed. One said, "The manager is very proactive and attends manager forums." (Forums used for managers to share best practice). The provider confirmed this to be the case and told us about a one such forum, Skills for care, which they used as a learning tool. The provider told us, "This is used for staff to learn and progress in their knowledge as carers and also myself and [other provider]. There is a discussion board which has lots of knowledge on it where other managers can come together to share experiences and learn from each other."

Links with the community and relatives had been forged and they worked together with people who used the service to raise funds for people to go on trips outside of

the service. People who used the service, their relatives and staff all played a part in the most recent fund raising event, which had been held in the service. People who used the service had run stalls selling raffle tickets and items for sale and relatives had all contributed to the event and attended on the day. Neighbours had also joined in the event and staff told us this had been a successful day and that all the money raised was now being used to take people on trips into the community. People told us as a result of this fundraising they had been out regularly for fish and chips, on boat trips and to the pub. They told us they also had parties through the year and relatives and neighbours were invited to join in, including a barbecue in the summer and a Christmas party.

The provider told us they were committed to providing the best quality care for people who used the service and had recently signed up to pilot a new care model called Vanguard, aimed at supporting improvement and integration of services and improving the lives of older people. They had a membership with the National Activity Providers Association (NAPA) which commits the provider to uphold the vision and values of NAPA and together, support front line care teams to enable older people to live life to the full, in the way they choose, with meaning and purpose.

The provider was also a member of the 'Alzheimer's society' and told us they received regular updates with their magazines and an active online forum. The provider told us, "This is great for discussions with other people caring for people with dementia, sharing thoughts and ideas with each other. This is good for me, staff and service users. We like to sit with the service users and discuss what is in the magazine so they can understand more about how they are feeling that they are not alone and it also helps the staff to understand too."

People were given the opportunity to attend meetings to give their views of the service and make suggestions for changes. People we spoke with were aware of the meetings and told us that they were listened to and changes were made if they asked for them. One person told us about a recent example when they had asked for some changes to the meal menu and said this had been done in line with their request. We saw the record of the most recent meeting and saw that there had been a good attendance of people at the meeting and people had held a range of discussions relating to how the service was run.

## Is the service well-led?

People were also given the opportunity to have a say on what they thought about the quality of the service they received by completing an annual survey. We looked at the last surveys completed and the results were very positive. Comments people had made included, “Excellent home. Everything beyond compare” and “Edenhurst provides a unique family home with excellent care tailored to the individual needs of the residents.”

We observed people who used the service and staff who worked together to create an open and inclusive atmosphere. There was much friendly banter between staff and people who used the service, who spoke openly and warmly to each other. We saw staff supporting each other and working well as a team.

We saw the provider kept a record of compliments received from relatives of people who used the service. We saw

some of the written compliments and comments included, “Wonderful staff at Edenhurst who became part of our family over the last years, as we became part of yours” and “We always felt welcome, no matter what time of day or night and nothing was ever too much trouble.”

There were systems in place to monitor the quality of the service provided. These included, a monthly audit completed by the management team in areas such as medicines management, infection control and the environment. The provider completed checks on quality of care provided by working alongside the staff and giving guidance and feedback. Senior care staff held specific responsibilities in the service such as the oversight of medicines to ensure systems were running effectively. The findings were fed back to the provider to enable them to identify if improvements were needed.