

Christadelphian Care Homes

Eden House

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eden House is a care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection.

The care home provides accommodation in an adapted building that includes private rooms and apartments.

People's experience of using this service and what we found

People and relatives were happy with the care and support they received and spoke positively about staff and the registered manager. People's care and support needs were met by staff who knew them well and enjoyed working with them.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's needs. Staff received comprehensive training to enable them to carry out their roles effectively. Staff were happy working for the service and felt supported by the registered manager and colleagues. Staff success was recognised and celebrated.

Care records contained extensive, clear information covering all aspects of people's individualised care and support. Risk assessments were comprehensive and information about people was written in a respectful and personalised way.

People and their relatives were involved in the planning and delivery of their care, and regularly asked for feedback which was acted upon when appropriate. Staff were encouraged to be actively involved in service development.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was an extensive range of activities available for people and these were well attended and received. People's spiritual and emotional needs were well met by staff and volunteers. The service had a strong family and community atmosphere.

The service had established links in the local community and worked in partnership with key organisations including local authorities and other agencies to improve the service for people. Staff at the service worked with health and social care professionals to ensure good outcomes for people.

There were systems in place to monitor and improve the quality of the service. When there were problems, the registered manager dealt with them appropriately and worked to reduce the likelihood of recurrence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 December 2015).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Further details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Eden House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted 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.

Service and service type

Eden House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authorities and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care

provided. We spoke with six members of staff including the operations manager, head of care, trainee manager, a care worker, and members of the kitchen and domestic staff. We also spoke with the chair of the welfare committee and a visiting healthcare professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and knew what signs to look for to keep people safe from harm or abuse. Staff told us they knew how to report any concerns and were confident these would be properly dealt with by the registered manager.
- The service had safeguarding and whistleblowing policies to ensure that staff followed the correct procedure if they had concerns. These were provided to staff in a booklet and were also available in the staff room for staff to refer to for guidance at any time.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety such as their risk of falls or risk of choking. Staff reviewed the risk assessments regularly and as required and put actions in place to reduce these risks.
- People felt safe living at Eden House. One person said, "Yes I feel safe. Having younger people around makes me feel safe," and a relative told us, "Yes [person] is safe living here. The care makes her safe."

Staffing and recruitment

- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People told us there were sufficient staff to meet their needs. We saw staff were unhurried and took time to sit and chat with people, particularly during mealtimes.
- People living at Eden House benefitted from a well-organised committee of volunteers who supported employed staff with extensive additional activities, outings and pastoral care.

Using medicines safely

- Peoples' medicines were stored and managed safely by staff who had completed a range of medicine training and underwent regular spot checks to ensure they were competent.
- Staff used an electronic system which supported the safe administration of medicine by using colour coding and alerts, increasing efficiency and reducing errors.
- Senior staff completed monthly audits of medicines to ensure policies and procedures were followed and any concerns were identified and dealt with appropriately.

Preventing and controlling infection

- All staff completed infection control training and there was additional role specific training to ensure that good hygiene practices were observed throughout the service.
- People told us staff were thorough when cleaning. One person described the environment as 'exceptionally clean', another told us, "Yes, it is clean and tidy. They vacuum the communal areas 2 or 3 times a day."
- Shared spaces were clean and free of odour. Furnishings and equipment were well maintained, reducing the risk of infection.

Learning lessons when things go wrong

- Staff responded to accidents and incidents, and learning was shared to reduce the chance of issue recurring. For example, staff identified that a particular set of circumstances resulted in one person reducing their food intake. This was clearly noted in the person's care plan to ensure staff were aware and the situation did not happen again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed a range of training with regular refresher courses to ensure they continued to meet people's needs. This included specialist training by charities such as Age UK and St Mary's Hospice.
- Staff told us they had sufficient training to carry out their roles, one staff member commented it was 'extensive and varied.'
- Staff told us, and records confirmed, they received regular supervision on a one to one basis, and team meetings were held. Staff found these constructive and said they were encouraged to further develop their knowledge and skills.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They monitored people's weight and when they were at risk of losing weight they monitored the amount they ate. They sought the advice of specialist professionals when they identified a need, for example the speech and language therapy (SALT) team.
- People told us they enjoyed the meals and we observed snacks, including fruit and home-made cakes were offered between meals. We were told, "The food is good. If you don't fancy something you can have something else," and "I have no complaints about the food...very good lunch."
- At lunchtime, we saw that people were served meals according to their choices and preferences. When people needed support to eat, staff provided this discreetly and at people's own pace.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff maintained good links with other health and social care professionals who supported people. We saw a number of compliments including from a GP who described having a 'huge amount of trust in the carers', and another professional who described having 'a good working relationship [with] excellent professional staff'.
- Care plans enabled staff to easily identify when people were supported by other health and social care professionals and their advice was incorporated into the way people were cared for. For example we saw advice from the SALT team about offering one person a particular type of food to encourage their appetite.
- People were supported and encouraged to use physical activity to maintain their health and wellbeing. The garden and grounds were designed to allow easy access and offered stimulating and pleasant surroundings. People were able to grow their own plants and vegetables and staff encouraged people to adapt the 'mile a day' principle to focus on staying active in ways which suited their abilities.

Adapting service, design, decoration to meet people's needs.

- The premises and environment were designed and adapted to meet people's needs. There was clear signage for people and the layout of the home was straightforward to facilitate people finding their own way around. The community areas were pleasantly decorated and people's bedrooms were personalised with items they had brought with them and pictures they had chosen.
- People were given the choice of decorating the doors to their rooms; the service offered vinyl transfers which were commissioned to suit people's preferences and gave the appearance of a solid front door. This supported and valued people's individuality and also enabled them to orientate themselves around the building.
- The management team recognised the importance of continuous learning and adapting the environment to support people living with dementia. Plans were in place to make significant changes to the bathrooms including changing the flooring, lighting and signage to aid visibility and provide a more comfortable and pleasant experience.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people using the service lacked capacity to consent to care and treatment.
- There was evidence of mental capacity assessments, when needed, and their outcomes. Best Interest meetings had been held and the right people had been involved. Processes were clearly documented.
- Where people's relatives were acting lawfully on their behalf, this was clearly documented in care plans, and we saw evidence that copies of the relevant legal documents had been obtained.
- Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively about the service they received. We were told, "I am sure everyone is happy. I am," and "[Eden House] is amazing, I can't fault it."
- Staff enjoyed their work and spoke fondly about the people they supported. We were told, "Its like a big family - we get really close to our residents," and "The best thing about working here is taking care of the residents."
- People's diverse needs were respected and care plans identified people's cultural and spiritual needs. A relative said, "[Person] is religious. She can carry on her faith here."
- There was a caring and respectful atmosphere in the home between staff and people. Staff knew people well and spent time sitting and chatting to them. One person told us, "They treat me as a long lost friend. The staff I don't know introduce themselves," and a relative said, "When [person] came here they got to know all about him."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning and reviewing their own care. We were told, "At the beginning they spoke about my needs. Staff are constantly updating my records," and "Yes I have seen my care plan. Every 4 weeks I see it and sign it."
- Staff ensured people's choices and decisions were respected. People told us, "I can get up when I want. If I don't want to get up, [staff] come back," and, "I do have a say in every day choices. I asked can I not have bright pink sheets. Next time they put on different colours."
- The registered manager arranged for people's opinions on their care to be obtained, for example through resident's meetings and surveys. We saw that action was taken in response to the feedback people gave, for example, on the day of our visit, a mobile company was offering people the opportunity to browse and buy clothes in the coffee lounge. The operations manager told us this had been requested by people and the registered manager had worked hard to identify a clothing company to meet people's needs.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. A person said, "They encourage me to be independent, as much as I can be. I go out, I tell the staff." Another person told us, "Yes they support me to be independent. I have only recently asked for support."
- Without exception, people and relatives we spoke to told us staff were respectful of people and maintained their privacy and dignity. One relative described the staff as 'excelling in kindness'.
- The home had two dignity champions whose details were on display in shared living areas. They had

completed additional training, supported colleagues with advice and information and listened to people's views and experiences to make improvements to the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A strong family ethos encouraged and supported people to maintain relationships with people who were important to them. Visitors were welcomed and well-catered for. We saw children's toy boxes were available in all the shared areas of the home and there was an adventure playground in the garden. One person told us, "My family can visit at any time. My son stays with me in my spare room," and a relative said, "I can visit at any time. I have been here at 9.00pm."
- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised tailored care. People told us, "[Staff] know what I like and dislike. I filled in a form with my likes and dislikes."
- The care manager worked with people to create personalised visual 'life stories'. For example, one person had been supported to create a memory board containing items important to them such as a bible passage, shells and knitting needles. Another person had an album of photos of them and their family over the years. The album contained recent pictures and the care manager told us, "Just because [person] is here doesn't mean their life story has finished."
- People had access to various animals in the home including ducks, rabbits, cats and a dog which contributed to their sense of wellbeing. People had been able to hatch eggs in their rooms if they chose and the chicks were passed to a local primary school to support children's learning. The registered manager had bought a number of high quality, realistic animatronic cats and we saw these provided comfort and companionship to people living with advanced dementia.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed information on people's communication needs, including what they found difficult and alternatives forms of communication staff could use.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to identify and carry out activities which promoted their sense of achievement and wellbeing. One person had been supported to create and develop the role of 'in-house liaison officer'. This involved them speaking with other people and sharing their experiences with senior staff to improve the service. Another person told us, "We have presentations about where we have been in the world. I went to

New Zealand for six weeks and when I came back I did a presentation about my holiday."

- A morning coffee delivery round was carried out jointly by staff and people using the service. This reduced the risk of isolation for people being cared for in their rooms and encouraged a sense of community. One person told us, "On our little corridor we know each other well."
- Eden House had a dedicated wellbeing team who were well supported by the welfare committee. People were offered an extensive choice of activities in line with their choices and social and cultural needs. These included bible readings, flower arranging, beer and sports nights and visits to museums, garden centres and other care homes for meals. One person told us, "There's always something going on," and another person said, "They adapt activities to include people."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and we saw the registered manager had dealt appropriately with complaints and put measures in place to reduce the risk of similar issues reoccurring.
- People told us they were provided with information about how to raise complaints and they knew who to speak to if they had any concerns. They were confident these would be dealt with properly.

End of life care and support

- At the time of our visit, no one was receiving end of life care.
- The service offered care for people at the end of their life in line with their religious and cultural beliefs. Staff were aware of the ways people's religious beliefs influenced their decisions about advanced care planning and the management team were exploring additional ways to support people in making decisions.
- When people had made decisions about their end of life care, this was clearly documented in their care plan.
- Staff had completed palliative care training and the registered manager was arranging further end of life care training for staff through a specialist charity.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The atmosphere at Eden House was positive, respectful and inclusive. Staff, people and relatives described Eden House as 'being like a family' and we saw that people were encouraged and supported to be part of the community of the home in ways that suited their needs and choices. For example, a raised flower bed was built specifically in a certain place to enable one person to be able to see it from their window. People cared for in bed were able to take part in a Christmas fun event when reindeer were taken around the home and into their rooms.
- People's life experience was valued and they were encouraged to share their knowledge to support others. Some had chosen to spend time with health and social care students from the local college and one person had visited children at the nearby primary school to talk about topics from a religious and cultural perspective.
- We found an open and transparent culture, where new ideas were encouraged. Managers and staff were enthusiastic and committed to further improving the service for the benefit of people using it. The management team were working on plans with a local university to sponsor nursing students through their course and into employment, which will enable Eden House to maintain a skilled staff team and ensure long-term continuity of care for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by an experienced registered manager and supporting team. All staff spoke positively about the leadership. One staff member told us one of the best things about working for Eden House was 'the way the seniors and managers treat us.'
- Staff understood their roles and responsibilities. They felt confident to whistle blow and report poor practice should they need to and there were clear systems in place for them to do so.

- People and relatives told us the registered manager and supporting senior staff team were visible and approachable. We were told, "[Name] is the manager. You can speak to him. He has an open door policy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager ensured that people were given the opportunity to have their say in all aspects of their care. We saw surveys and questionnaires were completed by people, and feedback from these was very positive. Analysis of trips and activities was carried out to ensure people continued to enjoy them and people were involved in a matching programme during staff recruitment.
- The registered manager valued staff and ensured they felt appreciated. We saw posters on display around the service celebrating staff achievements and saw a special breakfast and free pamper sessions had been arranged for staff to mark Carers' Week.
- Staff were encouraged to share their views in a variety of ways and the registered manager acted in response to feedback. For example, one staff member told us they had asked for additional staff so that more time could be spent with people, and the manager had implemented this immediately.
- The service developed and maintained good links with the local community. We saw that people, relatives and staff had taken part in a charity fundraiser for a local children's hospice and regular events were held at Eden House for parent and toddler groups.

Continuous learning and improving care. Working in partnership with others

- The management team encouraged continuous learning. 95% of care staff at Eden House were trained as Dementia Friends. Some were Dementia Champions and one a Dementia Ambassador. The registered manager had held a series of information evenings over a four week period for people, relatives and the community to learn about dementia and how to better support people living with the condition.
- The home was one of a small number of services within the area to be part of the React to Red campaign which aims to reduce through education the number of people suffering pressure wounds. We saw information about the campaign was on display throughout the service to encourage people and relatives to be alert to skin changes.
- A range of audits to check and assess the quality and safety of the service were regularly carried out. Information was analysed by the registered manager and actions identified in response. For example, one audit had identified that people would like the management team to be present more often during evenings and weekends and we saw that this had been acted on.