

Transitions (Support Specialists) Limited Eden Place Residential Home

Inspection report

Pontefract Road
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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

Eden Place is a residential care home providing personal care to 11 people aged 50 and over at the time of the inspection. Eden Place can accommodate up to 12 people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were very happy and settled, and staff clearly knew them very well. Safeguarding concerns were dealt with in an appropriate and person-centred manner. Risks were equally well managed with individualised risk management plans. Although there had been very few adverse events, all had been analysed and reviewed to see if lessons could be learnt.

Staffing levels ensured people could live their lives as they wished, with a full range of outings and activities. Medicines management was safe and infection control practice was embedded in everyday tasks. The home was very clean and fresh.

People were supported by a registered manager and a staff team who followed current best practice, and constantly strove to provide better care. People were supported with eating and drinking as needed and accessed health and other external services as required. Staff ensured people were empowered to do as much as possible for themselves, and people shaped their own day routines.

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. Their needs were well reflected in documentation and in practice, and we saw personalised end of life plans. The home had received many compliments.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Regular quality assurance checks ensured care delivery was reviewed and amended if needed.

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 17 June 2017).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eden Place Residential Home

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 team consisted of one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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 on the first day and announced on the second.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 eight people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager and three care staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff knew how to recognise and report any concerns. We saw evidence of appropriate safeguarding referrals and responses from the registered manager.
- The service had received a commendation from a social worker in regard to their advocacy and support offered to one person.

Assessing risk, safety monitoring and management

- Risk assessments were bespoke to people's specific needs. Staff had clear guidance as to how to manage different situations and people had signed them to say they agreed with the risk reduction measures in place. If people had seizures, detailed accounts were recorded for analysis and review.
- People were independently mobile apart from one person who used a walking frame. Staff told us how this person had not fallen for a number of months since this had been used which had improved their quality of life. Missing person protocols were in place for each person.
- Accidents were recorded in detail with information about time, date and location, including whether any injury was incurred. The numbers were low and involved minor trips and slips.
- The local fire service had recently inspected and gave very positive feedback about the home, saying, "Staff's knowledge was very good. The house is a credit to staff and the owners, and a place you should be proud of." Regular fire drills took place at different times of day to capture all staff working in the service.
- All equipment was checked in line with statutory requirements.

Staffing and recruitment

- Staffing levels adapted during the day to meet people's needs. An activity co-ordinator began mid-morning to assist people with trips out. Levels were sufficient to allow people to do what they wished to do safely.
- Staff were recruited safely, and checks were conducted as required on their employment history including any gaps. People living in the home were involved in the recruitment process and asked questions during the interview.

Using medicines safely

- Medicines were administered safely, and all staff had received training and had had their competency checked. No one was on controlled drugs at the time of inspection or received their medication covertly.
- Medication administration records accurately reflected stock levels and if people were on PRN, or 'as required' medication this was also correctly administered with clear guidance for staff to follow.
- Topical medication records showed where cream was to be applied and creams were dated on opening.

Preventing and controlling infection

- The home was very clean and staff had access to personal protective equipment when needed. A recent external audit had achieved 92%.

Learning lessons when things go wrong

- The registered manager reviewed all incidents and accidents to ensure all appropriate action had been taken and whether any alterations to people's support provision were needed. We saw multi-disciplinary meetings were held with all key professionals where required to ensure a holistic assessment was completed.

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.

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

- People's needs were thoroughly assessed before admission to the home, and as many people had lived in the home some time, their needs were well identified.
- The registered manager had a sound understanding of best practice and key guidance, and we saw this embedded into everyday living.

Staff support: induction, training, skills and experience

- Staff received a full induction covering all key aspects of providing support and care. Specific topics were discussed over several weeks to ensure knowledge became embedded. The completed booklet was signed by mentor and staff member with positive comments about their performance.
- We saw many positive comments in supervision records as well, including thanking staff for picking up shifts. Gentle guidance was also offered where issues had been noted, such as the importance of documentation being completed correctly.
- Staff had completed all necessary training and received regular updates.

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

- People were able to help themselves to snacks whenever they wished and we saw plenty of fresh fruit available. One person said, "We love it here; they cook all sorts."
- People were offered numerous choices at lunchtime if they were unsure what they would like. Where people did know, they were supported to prepare their food themselves with assistance where needed.
- Staff understood people's specific dietary requirements and promoted healthy eating wherever possible.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well as a team, covering for each other where needed. Handover notes were detailed and provided staff with key information.

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

- Many people had lived in the home for a number of years, and one person had been part of the extension adaptations. It was clearly people's home, furnished to a high standard and very accessible despite the listed status of the building.
- People accessed different parts of the home as they chose including the kitchen, where discreet supervision was offered if necessary to ensure people retained their independence.
- People's rooms were highly personalised including themed rooms around pop stars or comic characters.

One person had a drum kit and juke box, and another had an exercise bike to promote their mobility in a safe environment. People had chosen their own furniture.

- Two people were in a relationship and the provider had created a personal lounge for them to have some private space. This was personalised with their own things to promote a sense of belonging.

Supporting people to live healthier lives, access healthcare services and support

- People were well supported with oral care and had access to regular dentist support. All people had electric toothbrushes and timers to ensure they brushed their teeth for the required time.
- Staff had clear guidance in people's care records as to how specific conditions could affect people. There was evidence of regular health checks taking place in people's records including liaison between services where required.

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.

- People's consent was sought for key decisions such as taking photographs and entering their bedroom in an emergency. No one was deemed to lack capacity to agree to living in the home so no DoLS were in place.
- If a person was deemed to lack capacity in managing their finances or other aspects of care such as medication, appropriate assessments had taken place in line with the requirements of the MCA, ensuring decisions were taken in people's best interests.

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 were looking forward to a morning of Christmas shopping and staff engaged really well with everyone, discussing their wishes and which shops they wanted to go to. Staff clearly knew people very well and were as excited as them about the forthcoming celebrations.
- On their return people happily showed all staff what they had bought and spoke positively about their morning out. Staff were very happy in their approach, often singing as they moved around the home which all added to the light and cheery atmosphere.
- One person was supported to do some dusting. Staff provided discreet guidance and were full of praise, "Oh [name], I can see your face in that!" Another person was asked if they would assist in putting the clean laundry away which they did happily, showing the usual family activities people undertook. They were offered a cup of tea for their effort.

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

- People were supported very discreetly, and staff were there as enablers. Although people required support for certain activities, staff responded to people's requests rather than completed tasks.
- People spoke comfortably between themselves and with staff, and staff only offered assistance if necessary or requested.

Respecting and promoting people's privacy, dignity and independence

- Staff said their main role was to "encourage and promote independence, to enable people to live as normal a life as possible."
- Equipment such as sensor mats and alarms were in place so staff could avoid disturbing people during the night if there were risks to their health.
- No one had any specific cultural needs which needed to be met but staff knew everyone very well, and their individual wishes and preferences.

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

- Care documentation was detailed and well organised, enabling staff to access key details quickly. A pen picture provided significant information with specific support plans in place for identified needs and risks. They were very person-centred, describing people's routines in depth where this was important to them.
- All care plans and risk assessments had been signed by people to show they had been part of the discussion and agreed with the content.

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.

- One person attended an optician's appointment and had been given some new glasses. Staff spoke with the person and said, "Remember, it's 'red for reading'." This was a useful aide memoire for the person.
- Communication plans were specific and gave staff guidance as to the best means of communication including simple sentences and picture cards. Staff told us about people's individual communication methods.

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 supported to take part in various activities. There were a number of photographs displayed around the home depicting people undertaking specific activities including holidays. People spoke with us and were keen to express their enjoyment about having taken part in so many different things. One person said of a recent outing, "The food and the company was lovely."
- People were supported in their preferred routines. The home had a couple of activity log cabins in the grounds where people could undertake art and craft activities. The gardens also had a greenhouse where people assisted in planting up pots.
- The two people in a relationship were supported every month to go for a meal out together in the local area. We saw many photographs of them undertaking tasks together. Another person was being supported to plan a trip abroad in 2020.

Improving care quality in response to complaints or concerns

- The service had received no complaints but had a clear policy in place available in the reception area.
- The service had received a number of compliments from students on work placement and relatives. They

included comments about the positive atmosphere in the home, and people being involved in various activities. One read, "Nothing was too much trouble, they were always there." Another said, "Cannot praise staff enough for the care and attention that they give to each and everyone that lives there. Their commitment and dedication is second to none. It is such a happy home."

End of life care and support

- People had detailed end of life plans in place, with key information as to wishes and contacts. Their wishes were recorded for nearing the end of their life and after their death including where they wished their belongings to go and the colour of flowers they would prefer.

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

- One staff member said, "People have such choice in everything they do, and the impact on their lives is significant. The focus is on them." This was embedded in the vision for the home promoted by the provider and registered manager.
- We observed and heard much positive interaction between people living in the home and staff. Staff were integrated into the running of the home so much there was no distinction between them and people living in the home. Conversations were open and honest, and very well informed.

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

- Concerns had been acted on appropriately and honestly although there were none of any serious nature.

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

- Staff felt very supported by the registered manager who had had a positive impact in the home and on the lives of people living there. One staff member said, "People are much happier and healthier."
- The service had a robust quality assurance system. Regular and comprehensive audits of medication, infection control, health and safety and the kitchen took place. Where actions were identified, they had been completed or kept under review as needed.
- The provider also visited monthly and reviewed all actions undertaken. These included points raised on the first day of inspection which showed effective communication between provider and manager.
- The ratings from the previous inspection were on display as required.

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

- People were involved in all aspects of their daily living and also attended monthly meetings where everyone sat down together to discuss their thoughts and wishes. Meeting topics included tips for healthy eating, activity choices and reflections on recent holidays.
- Everyone who attended had signed the meeting record which was in pictorial format.
- Staff meetings were also inclusive and encouraged staff participation. Good practice, expectations and commendations were shared.

Continuous learning and improving care

- The registered manager said any comments or suggestions were acted upon, and good practice was promoted through supervision and staff meetings. We saw evidence of this.

Working in partnership with others

- There was good evidence in people's records of their involvement with the local community and other services as needed.