

Eden House

# Eden House

## Inspection report

14 Station Road  
Filey  
North Yorkshire  
YO14 9AR  
Tel: 01723 512790

Date of inspection visit: 15 September 2015  
Date of publication: 07/01/2016

### 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?

Requires improvement 

### Overall summary

The inspection took place on the 15 September 2015 and was unannounced. We previously visited the service on 31 October 2014 when we found a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014

On 31 October 2014 we found that staff had not completed any recent training and although one person was completing induction training there was no evidence to suggest that this was in line with the Common Induction standards for care. In addition staff had not

been trained in subjects relevant to their roles and were not supported through the use of formal supervision. The provider had sent us an action plan on 11 April 2015 which said that they had started training and supervision for staff and this would continue as an on-going process.

When we inspected the service on 15 September 2015 we found that there had been improvements and the provider had followed their action plan. Staff had received training in safeguarding and the service was working with the learning disability service to arrange

# Summary of findings

positive behaviour training for staff. We saw that staff were now receiving supervision which was recorded and inductions for new staff were being completed. The breach of Regulation 18 was now met.

Eden House is registered to provide accommodation for up to five people with a learning disability or autism who require support with personal care. No nursing is provided. It is located in Filey close to shops and other amenities and there are good transport links.

There was a registered manager at this service. 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.

Staff had completed training in the protection of vulnerable adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant people's capacity to make decisions had been evaluated and it had been determined whether or not they needed support.

People using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. People were consulted about the support they received and other healthcare professionals were included which ensured their rights were protected.

People told us they enjoyed living at Eden House and were able to take part in activities or work that they enjoyed and which maintained their links with the community. They received support from staff if required.

People within the home were encouraged to be as independent as possible. They had their own front door key as well as a key to their room. People decided where they wanted to go on holiday as a group or if they wished to go away on their own. There was no formal programme of events because people were very independent and accessed community resources each day. There were individual activities taking place with one person using a computer and a jigsaw left half completed by another person. People who lived at Eden House felt it was their home and staff provided support only when it was required.

It was clear from our observations that people who used the service were able to share their views of the service during daily discussions. However, there were no formal meetings and so these meetings should be recorded, which then would provide a record of any discussions people living at the service may have.

There was no formal quality assurance system in place and no audits had been carried out. This does not appear to have impacted on people who use the service but without any evidence of learning or improvements this was difficult to determine. We have recommended that the provider consider putting systems in place.

# 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?

This service was safe. Staff had received training in how to safeguard people who used the service. This meant their knowledge was up to date with any changes in local procedure or legislation.

People who used the service told us they felt safe and were happy to discuss any concerns with the staff. One staff member we spoke with was aware of what steps they would take to protect people and had demonstrated their knowledge following a recent event.

We saw that risk assessments were in place relating to people's care and management plans had been written where necessary.

Staff went through appropriate recruitment procedures before they started work to ensure they were suitable to work with people at this service

Good



### Is the service effective?

This service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff did receive supervision on an informal basis and records were kept.

There was evidence that mental capacity assessments had been completed for people and that the learning disability service were involved in making decisions with some people.

People were supported to maintain a balanced diet. They were involved in planning and cooking their own meals.

We saw from people's records that other health and social care professionals had been involved in the development of people's care plans and this meant they received the support they required

Good



### Is the service caring?

This service was caring. We saw that people who used the service were treated with kindness and we observed positive interactions between them and the staff. The atmosphere in the home was calm and relaxed.

People who used the service told us they were happy with the care and support they received at Eden House.

Care plans identified people's needs and were reviewed at least annual

Good



### Is the service responsive?

This service was responsive. People's care plans were person centred and individual to them. The service followed correct good practice guidelines around positive behaviour support.

Good



# Summary of findings

People using the service led active social lives that were individual to their needs.

We saw people planning their holiday and heard them discussing their plans for that weekend.

People were encouraged to express their views and concerns on a daily basis.

## Is the service well-led?

The service was not consistently well-led. There was a registered manager in post who worked alongside staff to help support people as well as a member of staff who managed the service on a day to day basis. We saw throughout the inspection that people who used the service could approach them at any time and discuss anything that affected them.

However, the service did not have an effective quality assurance system in place. There had been no formal audits completed. We have made a recommendation that these are implemented.

Although staff benefit from the current system of informal meetings we felt that the staff would further benefit from also having a more formal meeting. We have recommended that the provider look at formalising staff and resident meetings and keeping a record.

We saw evidence that equipment used within the house was checked in line with the requirements of health and safety standards.

**Requires improvement**



# Eden House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 September 2015 and was unannounced.

The inspection was carried out by one inspector. Before we visited the home we checked the information that we held about the service and the service provider. No concerns had been raised.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about

important events which the service is required to send us by law. We also looked at previous inspection reports. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported to manage their lunch time meal. We reviewed the care records of three people who used the service, looked at staff training records, and records relating to the management of the service such as servicing and maintenance documents, and service policies.

We spoke with all the people who used the service and the member of staff managing the service on the day we inspected. Following the inspection we contacted the learning disability service and the contracting team at the local authority to gather their views of the service. They had no current concerns.

# Is the service safe?

## Our findings

One person who used the service told us, “I feel very safe here” and “Staff are very vigilant.” and another said, “Yes, I feel safe.”

We saw that staff had been trained to safeguard people against abuse. There had been a recent incident at the service which had been reported by staff to the local authority and dealt with by a multi-disciplinary group through the local authority safeguarding process. The people the concerns related to were both involved throughout the safeguarding process and the service was working with the learning disability service to make sure that people remained safe.

Risk assessments were in place for people which looked at the specific risks to individuals and they had associated management plans where needed. For instance one person had a detailed management plan for a medical condition. Following the recent safeguarding incident at the service there were management plans in place for the people involved. These were described by one person living at the service that these specific plans related to people who used the service. They had been helped to identify strategies to deal with difficult situations and said, when discussing one incident, “I’ve been told to walk away.” This demonstrated how the service was working with people to maintain their safety.

People’s medicines were obtained, stored and administered appropriately and safely. One person managed their own medicines and went to the manager once a week and obtained from their main prescription enough medication for a week. They then set these tablets up in a blister pack which is a medicine system. They signed to say they had taken their medication for a week

and this was countersigned by a member of staff. We carried out a check of medicines for this person and the stock was correct. One person self-administered a medicine by injection. There were risk assessments and clear management plans for this within the person’s care plan. There were also clear guidelines for staff to follow so that they would recognise how this person’s medical condition would affect them. In addition the practice nurse from the local surgery had carried out training with staff to ensure that the person who used the service was cared for by trained and knowledgeable staff in order to maintain their health and wellbeing.

Medication administration records (MARs) we looked at were completed correctly and had no gaps. We checked the controlled drugs kept on the premises which were stored and recorded correctly. These medicines are subject to the Misuse of Drugs Act 1971 which aims to control the possession and use of these drugs. Each person had a key to their own room so that medication and other valuables could be stored safely.

We saw there were enough staff on duty to provide support. There was one staff on duty at all times with other staff coming to cover times of the day when people may need an escort to go out. Senior staff were also on call so that they were available in times of an emergency.

Staff were recruited safely. Staff had a Disclosure and Barring service (DBS) check documenting that they were not barred from working with people who used this service. They also had two references and identification such as a passport or birth certificate in their recruitment files. This demonstrated that the provider was doing all that they could to protect people who used this service by only employing people who had been checked and were suitable.

# Is the service effective?

## Our findings

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the inspection on 31 October 2014 we had not seen any evidence that the service had taken account of the Mental Capacity Act 2005 and staff had not been trained in this subject. At this inspection on 15 September 2015 we saw that capacity assessments had been completed to determine the status of some people. Other people we met at the service appeared to be able to make their own decisions.

Staff records showed that staff had received recent training. The manager had compiled a training matrix to record what training people had completed. We looked at the record of a new member of staff and saw they had completed an induction as well as training in safeguarding. They had also had regular supervision to support them in their new role. We saw that staff had completed training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty safeguards (DoLS). This demonstrated that the provider was following their action plan and that staff were now better trained and supported.

The service had worked with the learning disability service to ensure that training was undertaken by staff to encourage positive behaviours and the staff had “embraced the positive behaviour guidelines” according to the learning disability nurse we spoke to.

People were supported to buy and cook their own food. They were assisted to make a shopping list, choose and purchase groceries, and to cook their own meals. One person told us, “Doing this gives us an idea of what to do if we ever move on. If you do cleaning, cooking and shopping it shows you how to do those things.” We were told that people could have whatever they wished for breakfast and they helped themselves. We saw that lunch was a snack type meal and we saw that each of the people who used the service took turns to cook the meal. On the day of the inspection one person made cheese on toast for lunch. There was juice for people to drink and a hot drink after the meal. People could make drinks whenever they wished.

We looked at the care records of one person who required a special diet. The meal planning took account of this so the person could eat the same as everyone else. The manager told us if someone lost interest in their food or started losing/gaining weight for no reason they would seek specialist advice about their diet.

Records showed that the service demonstrated good practice by seeking the involvement of healthcare professionals when necessary. Personal care and support records showed that each person who used the service was regularly supported to see the health and medical professionals they needed to, such as opticians, learning disability nurse, district nurse and psychiatrists and each contact was recorded.

# Is the service caring?

## Our findings

Several of the people who used the service had lived at the service for a long period of time and had good relationships with the staff. We observed positive interactions throughout the day with one person who used the service telling us, "Staff are nice." People approached staff freely and chatted with them in a friendly and relaxed way and were joking and laughing together. The staff provided guidance and support but allowed people to make their own choices throughout the day.

In order to allow one person to make the decision about whether to move to this service two visits were organised. The person told us, "I came to visit a few times before I moved in. It helped me make my mind up. After two visits I decided that I liked it here." This showed that the service was flexible around how they gave information to people and involved them in decision making.

People who used the service were encouraged to be independent and be involved in their local community. Staff provided support where it was necessary. One person had a job and others accessed the community as they wished. One person told us that they attended a group in a nearby town where they could use the computer. They had also started fundraising and had taken part in local charity walks. Another person told us that they went horse riding and a third said, "I had a good stay with my (relative)."

We saw people sat around the dining table chatting and expressing their views. The manager (day to day) told us that these times were used as opportunities to discuss what was happening in the home on a daily basis. It was clear that the people who used the service were the main decision makers about what happened in their lives and this was empowering for them. They were delighted to tell us about the holiday they were planning in Wales and the take away meals they shared each week. The atmosphere was positive and people appeared to be happy.

People's confidentiality was respected. We saw the manager (day to day) asking one person to come into the office to discuss a matter in order that other people did not overhear. Although no one currently had an advocate at this service local authority staff and the learning disability service advocated on people's behalf.

People's privacy and dignity was respected. People had keys to their rooms and this meant that they could have private time if they wished. People were able to manage their own personal care with only prompts from staff. Where these were needed they were recorded in care plans and staff were discreet when using prompts respecting people's dignity.



# Is the service responsive?

## Our findings

We looked at records for people who currently lived at Eden House and the record for one person who had recently joined the service. We saw that they were focused on people's needs and had associated risk assessments. Care plans and risk assessments had been reviewed. The manager (day to day) told us the care plans were reviewed regularly and in addition if any changes were needed they would also be reviewed at that time. Staff told us they monitored the plans and daily notes on a daily basis and discussed with each person how their day had been. The care plans were also reviewed by local authority staff.

The care plans were very detailed and told the story of the person and their needs. We looked at one person's file and saw that they had a detailed history documented which helped staff to know more about them. We saw that this person had signed the care plan to say that they had had them explained and seen them.

We had some concerns at the inspection on 31 October 2014 about a scheme used by the service to promote positive behaviours. People completed a diary detailing positive and negative behaviours they had experienced and staff commented on them and points were awarded which when they reached a certain number led to what one person described as a "Treat." We had felt that it did not promote person centred care as it was a universal scheme and was punitive when 'treats' were withheld if the person did not have the required number of points required. We spoke to a learning disability nurse who had recommended that the service have more training in positive behaviour

therapy. They told us, "They have embraced the training" and said staff were working to encourage positive behaviour using the training they had received. This meant that people's care was now more person centred.

People told us about their interests throughout the day and showed us evidence of the activities they enjoyed. One person enjoyed photography and showed us their most recent photographs. Another person went to work and described their job to us and told us how much they enjoyed it. Everyone was discussing their holiday which started that weekend. They were going to Wales and were talking about what places they would visit and where they would go in the evenings. One person had chosen not to go on holiday with the group and had recently visited their sister. They told us they would stay at home supported by staff.

We saw from records that people went out shopping, organised their own holidays and helped organise a group holiday. Observations made during the inspection were that people were enabled to be as independent as possible and it was clear that this enhanced their wellbeing.

People who used the service told us they would talk to the staff if they were unhappy about anything. They said they would tell the registered manager if they had a concern. We saw the complaints policy and staff and people who used the service told us they knew what action to take if they wanted to make a complaint. There had been no complaints since the last inspection. The manager (day to day) told us that people who used the service brought their day to day concerns to them for discussion but these were not formal complaints.

# Is the service well-led?

## Our findings

The home had a registered manager in place at this service with another manager in day to day charge of peoples care. The day to day manager was knowledgeable about people's needs and was able to answer all of our questions in detail.

We found that there had been a safeguarding alert made to the local authority by the service and the manager completed a notification to the Care Quality Commission whilst we were on the premises. The provider is legally required to make notifications to CQC. These inform us of certain events relating to the running of the service.

People's views were sought through discussions within the service. People told us that they were asked for their opinion on the service. They all told us that they were happy living there.

Although no formal audits were completed we saw that the manager (day to day) checked the service throughout the day and was aware of any updates or improvements required. However, the service would benefit from a formal system in place in order to ensure that the service demonstrated and evidenced continual improvements.

**We recommend that the provider considers implementing a programme of formal auditing as part of a quality assurance system.**

The manager (day to day) had followed the action plan sent to CQC and had organised more training and put a training matrix in place to allow them to monitor staff training needs and when updates were needed. Supervisions had also become a regular means of support for employees.

The manager (day to day) told us they did not have any formal meetings for staff or people who used the service. We saw that group discussions around the dining table took place during our visit where matters relating to the service were discussed. The manager (day to day) informed

us that these meetings happened on a daily basis so that people could voice their opinions and put forward their views about any events that affected their lives at the service.

Although staff benefit from the current system of informal meetings we felt that the staff would further benefit from also having a more formal meeting. This could be used to share practice and meet with other staff to discuss work related issues with input from managers. There should be an agenda for staff and meetings should be minuted. This would give better opportunities for staff to contribute to the running of the service.

**We recommend that the provider considers formalising staff meetings using agendas and minutes to keep a record of discussions..**

All the people we spoke with said there was a good atmosphere in the home. For example one person told us, "I love living here. I get on with all the staff - they are great." All those asked knew who the registered manager was and said they saw them nearly every day. They spoke positively about the day to day management of the service.

From our observations people seemed relaxed and had a good rapport with staff. People told us that they could approach any one of the management team or staff if they needed support. The manager (day to day) had also made links with other agencies such as the learning disability service in order to access advice whenever they needed.

The manager (day to day) told us that the home had an open door policy for addressing concerns. The registered manager also worked regular shifts as a support worker and this enabled them to maintain an insight in to how peoples care was were managed.

We found the manager (day to day) operated an on call system to enable staff to seek advice in an emergency which showed that staff could access advice 24 hours a day.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.