

Edenplace Limited

# Eden Place Limited - 9 Manor Road

## Inspection report

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Date of inspection visit: 23 July 2015  
Date of publication: 28/08/2015

### 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 

### Overall summary

We carried out this inspection on 23 July 2015. The provider was given 24 hours notice of the inspection so we could ensure people were present at the service.

Eden Place Limited - 9 Manor Road, is registered for up to three people offering accommodation for people who require nursing or personal care, for people with mental health needs. At the time of our inspection there were three people living at the service.

The three people living at Eden Place Limited - 9 Manor Road lived independently, however were supported by staff from Eden Place Mental Health Nursing Home with one to two hours care support each day. People accessed Eden Place Mental Health Nursing Home daily for support with medicine. Additional support was provided with people's health needs, financial management, meals and with some social activities. The two services were situated within close proximity of each other.

# Summary of findings

A requirement of the service's registration is that they have a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post.

Support was provided that met people's needs and there were enough staff to care for people safely. People's health and social care needs were reviewed regularly, staff referred to other health professionals when needed, so people were supported to maintain their health and wellbeing. Risk assessments were completed and plans minimised risks associated with people's care.

People told us they felt safe living at the service and accessed assistance from staff at Eden Place Mental Health Nursing Home if this was required. Staff knew how to safeguard people and what to do if they suspected abuse. People were protected from harm as medicines were stored securely and systems ensured people received their medicines as prescribed. Checks were carried out prior to staff starting work at the service to make sure they were of good character and ensure their suitability for employment.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). No one at the service lacked capacity or had a DoLs authorised.

Staff had training to do their jobs effectively, in order to meet people's care and support needs. Staff were encouraged to continue to develop their skills in the area of health and social care. Staff told us they felt supported by the management team to carry out their roles effectively.

People's nutritional needs were met and they either prepared meals independently or had meals at Eden Place Mental Health Nursing Home. People took part in some organised activities but chose to go out independently and pursue their own interests most of the time.

People told us they liked living at the service and that staff were kind and caring. People were cared for as individuals with their preferences and choices supported. Staff treated people with dignity and respect when supporting them and encouraged people to be independent. Relatives were encouraged to be involved in supporting their family members.

People were positive about the management team and the running of the service. The registered manager was responsive to people's feedback in developing the service, and making continued improvements. Systems and checks were in place and these made sure the environment was safe for people that lived there and that people received the care and support they needed. People knew how to complain if they wished to and complaints were recorded and actioned in a timely way.

# 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 told us they felt safe, and accessed Eden Place Mental Health Nursing Home for additional support if they had any concerns. Staff were confident in how to safeguard people from abuse and actions to take if they had concerns. Risk assessments reflected the risks to people's health and wellbeing, and were managed to minimise these. Medicines were stored safely and people received these as prescribed. Staff were available at the times that people needed them and recruitment checks reduced the risk of unsuitable staff being employed at the service.

Good



### Is the service effective?

The service was effective.

Staff received training and understood how to meet people's needs. Staff had an understanding of MCA and DoLS however no one at the service lacked capacity to make decisions. People were independent with shopping and preparing some meals, and some people chose to have their meals at Eden Place Mental Health Nursing Home. Referrals were made to other professionals when required to support people's needs and maintain their health and wellbeing.

Good



### Is the service caring?

The service was caring.

People were encouraged to be as independent as possible and supported each other at the service, having made good friendships. Care was provided ensuring dignity and respect. People told us staff were caring in their approach. People were involved in decisions about the care they received and staff encouraged relatives to be involved in their family member's care.

Good



### Is the service responsive?

The service was responsive.

People received person centred care and staff knew their individual needs and preferences. People took part in some organised activities however people chose to go out independently and pursue their own interests for the majority of the time. People knew how to raise complaints and these were recorded and responded to quickly.

Good



### Is the service well-led?

The service was well-led.

People were positive about the management team. People and staff told us they were approachable and issues raised were addressed promptly. Systems ensured the environment was safe and the care provided was effective. The registered manager had worked to improve the service for people and was responsive to new ideas to continue to make positive changes.

Good



# Eden Place Limited - 9 Manor Road

## 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.

The inspection took place on 23 July and the provider had been given 24 hours' notice so we could ensure people were present at the service. The inspection team comprised of one inspector.

We reviewed the information we held about the service. We looked at information received from relatives and visitors, we spoke to the local authority commissioning team and they had no further information. We reviewed the statutory notifications the registered manager had sent us. A statutory notification is information about an important

event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

We asked the provider to complete a Provider Information Return (PIR). This 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. We did not receive this prior to our visit and the registered manager told us this had not been received by them.

We spoke with two people who lived at the service. We also spoke with two staff at Eden Place Limited - 9 Manor Rd, and seven staff at Eden Place Mental Health Nursing Home who also supported them. This included the registered manager, nursing staff and care staff. We looked at two care records and records of the checks the registered manager made for assurance that the service was good. We observed the way staff worked and how people at the service were supported. Due to the complex needs of the people at the service, some people were not willing to discuss their experiences of the care and support they received with us.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe at the service. One person told us, “Yes, I feel safe at the house.” A staff member told us, “Yes people feel safe, [Eden Place Mental Health Nursing Home] is their safe place too. If ever they are worried, they would go there.”

Prior to staff starting at the service, the provider checked their suitability to work with people who lived there. One staff member told us, “I had a CRB check and references done.” Checks were made including contact with their previous employers and the Disclosure and Barring Service. The Disclosure and Barring Service (DBS) assists employers by checking people’s backgrounds to prevent unsuitable people from working with people who use care services. Staff we spoke with told us checks were completed before they were able to start work and we saw staff records reflected this. The provider ensured that, as far as possible, the staff employed were suitable to support people who lived at the service.

Staff understood how to safeguard people they supported. One staff member told us, “It’s their home; they have a right to feel safe,” and they would not hesitate in reporting any concerns they had. Staff were able to tell us about different types of abuse. They explained they had received training, and were aware of the provider’s safeguarding and whistleblowing policies. We asked about whistleblowing, a staff member told us, “If you see something wrong you would report it to the nurse in charge, the manager or to outside.” A staff member told us they supported people in managing their finances at the service, but said if someone wanted to withdraw a large sum of money for example, they would ask further questions to make sure they were protected from possible financial abuse. Staff showed knowledge of different types of abuse and knew what action to take if they had any concerns.

Assessments of risks associated with people’s care and support needs had been undertaken. Risk assessments were updated monthly or as people’s care needs changed by ‘keyworkers’. Keyworkers were staff assigned to a person, to get to know their individual needs well and build a relationship with them. We saw risk assessments on care records for areas such as nutrition and challenging behaviour. One person had a risk assessment around

hygiene as they required prompting to ensure their personal care was carried out. Staff knew about the risks to people in their care and how to minimise these to keep them safe.

We looked at whether staff were available at the times people needed. One person told us, “Yes there is enough staff, [person] comes to help us.” Staff told us staff numbers had recently been increased and they felt staffing levels were sufficient. Bank (staff working as and when needed) were employed to cover any absences. The registered manager told us the staffing levels were monitored by an external agency and the agency provided them with information around staffing requirements according to people’s needs, which they used this to make any changes. Staff were available to support people when they required this and the registered manager monitored this to ensure people’s needs continued to be met.

We looked at how people’s medicines were managed. One person told us, “I get some of my tablets weekly. We get them when we should.” Another person told us, “I go over [to Eden Place Mental Health Nursing Home] and get a painkiller.” People went to Eden Place Mental Health Nursing Home each morning for medicine to be administered. Evening medicine was then administered independently by the people at the service. Some people received medicine ‘as required’. We saw a protocol for this, explaining when it should be given and why. Only trained staff were able administer medicine and two signatures were required following this. We saw records were completed correctly. The deputy manager told us they carried out regular audits and observation checks to ensure staff remained competent to administer medicine and we saw evidence of these for three staff in July 2015. One audit had identified missing signatures on records and the deputy manager told us this was being addressed with the staff member. Medicines were stored securely and in line with manufacturer’s guidelines, then disposed of safely to ensure people were protected. Medicines were managed safely, and people received their medicines when they should, from staff trained to do this.

Personal emergency evacuation plans, known as ‘PEEPs’ were on care records. PEEPs are individual documents which detail people’s needs such as support required with mobility, so in an emergency people could be assisted to evacuate the building quickly and safely. PEEPs were on

## Is the service safe?

individual care records and these contained up to date information about people's needs. Staff were able to explain the evacuation procedures and how they would move people to safety in an emergency.

Accidents and incidents were recorded and were up to date. We saw one record for someone who had fallen, and another relating to a cut a person had sustained. However, these were not analysed to identify any trends or patterns to prevent further possible reoccurrences. We discussed this with the registered manager who told us they would do this in future.

Checks were carried out to ensure the buildings and equipment were safe for people to use. However, a fire extinguisher annual check had not been carried out since April 2014. The maintenance person told us this was an oversight and was being carried out the following day and we saw this was planned to take place. Certificates for fire inspections and other services had been completed and were up to date. The management team maintained health and safety procedures at the service and had systems in place to protect people from harm.

# Is the service effective?

## Our findings

People told us staff had the skills and knowledge to care for them effectively. One person told us, “Yes, they know their jobs well.” Staff were supported when they first started working at the service, so they were aware of their roles and responsibilities. An ‘induction’ took place over a three week period at the service during which an observation was carried out by a nurse and a ‘reflective account’ written by the staff member to record their learning. The induction process gave staff the skills they needed to effectively meet people’s needs when they began working at the service.

Staff received regular management support through supervision meetings and these were held monthly. One staff member told us, “Yes, we have regular supervisions, we get together and I can say how I feel.” Another staff member explained, “I feel I can raise my concerns and I am listened to.” Staff said that the senior staff and registered manager were approachable and they could go to them if they needed any support. Supervisions were sometimes ‘observation supervisions’ so staff received direct feedback on their practise. Staff appraisals were carried out annually. Staff received formal opportunities to raise any issues or concerns they had with the management team.

Staff received training relevant to the health and social care needs of the people who lived at the service. A training schedule detailed training staff had received, and when this was next due, and this also included ‘bank’ staff. Training included moving and handling, medicines and safeguarding. One staff member had completed a moving and handling course and explained, “I learnt other techniques, like how to move someone from the floor safely and put a sheet underneath them.” Some of the training was self-directed using a work book. However staff told us they also had trainers come in and deliver this to them. They told us that this had recently included continence care which they found useful. Staff were supported to undertake further formal training such as NVQ qualifications. Staff received regular training to enable them to develop their skills further and this supported them to carry out their roles.

Staff told us they had regular meetings and these were helpful to raise any issues. One staff member told us, “We do have debates; someone will say what they want.” We were told presentations by staff were planned at some future meetings in areas such as mental capacity and

raising a safeguarding referral. Some staff had ‘lead’ roles for areas such as health and safety. Staff felt supported by the management team and had regular opportunities to meet and raise any issues they had.

A ‘handover’ meeting was held at each shift change, where information was passed on to staff about any changes to people’s health or well-being. A staff communication book was also used. Communication between staff assisted them to provide effective care to people they supported.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff demonstrated they understood the principles of the MCA. For example, staff understood people were assumed to have capacity to make decisions unless it was established they did not. Staff all said they had received training in MCA and DoLS and were aware it was restricting someone’s personal freedom. The registered manager told us no one lacked capacity at the service.

No one at the service had a DoLS authorisation however the registered manager was aware of the circumstances when this may have been required. We did not see anyone during our visit that DoLS would have been applicable to.

Consent was sought from people when providing them with care. There were consent forms on care records for areas such as photographs being taken. These had been signed by the person and were completed correctly. Staff were aware of the importance of gaining consent from people before care or support was provided.

People could choose their own meals and shopped independently. One person told us, “We do our own teas each day.” And another person said, “We can ask for sandwiches [from Eden Place Mental Health Nursing Home].” Four days a week they ate lunch at Eden Place Mental Health Nursing Home and on the other days at the ‘Old Bank’, a local social group. A microwave was available for people and they used this independently. At the nursing home we saw pictorial menus displayed showing the meals available each day. The cook asked people what would like to eat daily and alternatives were provided for people who

## Is the service effective?

wanted these. We saw cold and hot drinks were available for people to help themselves to during the day. The cook told us they purchased food people requested, and gave an example of one person who had asked for a certain type of bread and they had bought this for them. No one had additional dietary needs at the service. People were supported with their nutritional needs and at times were able to prepare their own meals independently.

People had checks completed monthly by staff, including blood pressure and weight. Staff told us if there was a concern with someone's weight they used a food chart to monitor this and weighed them weekly. Staff monitored people's health and were confident in the actions required should they any concerns.

People were supported to access health professionals when required. One person told us, "Whenever we need to see someone they [staff] make an appointment." One staff member told us, "We try to take people to see the GP, psychiatrist, optician, they generally like going out." One person had injured their toe at the service and could not walk on it. Staff had arranged transport to bring them to Eden Place Nursing Home so the nursing staff could check this for them. Staff told us they had support from their local GP practice, who visited people weekly.



# Is the service caring?

## Our findings

People we spoke with were positive about the care staff. One person told us, “The staff are very kind.” Many of the staff had worked at the service for a long time and knew the people that lived there well. A staff member told us, “I really like it here, I have worked in other places but I wouldn’t want to work anywhere else now.”

People living at the service had also become friends and supported each other. We saw a good rapport between the people living at the service and staff encouraged this. The registered manager told us one person considered another person there as a ‘father figure and role model’ and staff were aware they had shared interests. For people’s birthdays, a cake and birthday tea was arranged and a present purchased. We saw staff supported people with a caring approach.

Relatives were encouraged to be involved in their family member’s care. There were no restrictions on visiting times. We saw on one person’s care record that they had met up with their father recently. The registered manager told us one of the people that lived at the service only had a relative living overseas and so they made sure additional support was provided by staff. Relatives and friends were encouraged by staff to be involved in the lives of their family members.

The people living at the service were mostly independent and staff encouraged them to maintain this, however staff supported people when this was required. A staff member told us, “It’s about trying to retain their independence.” Another staff member told us, “Staff encourage people to do things for themselves.” We saw one person had chosen

to spend Christmas with their family and had arranged their own transport to do this. A cleaner supported people daily at the service and people did their own laundry. We saw a rota displayed with tasks listed for the day to share between people and this included feeding the house cat. Staff supported people to share household tasks and maintain their independence where possible.

Some people were supported to make decisions with referrals to other people who could assist them. One person was supported by an advocate for a financial matter. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision. Staff referred people to access additional support when this was required.

People’s preferences were catered for where possible. Bedrooms were personalised and people were able to bring their own furniture if they wished to. One person told us, “I like writing, reading and books,” and we saw many books in their bedroom. We saw people’s rooms contained personal objects and were individualised. People were encouraged to make their rooms comfortable to suit their needs and preferences.

Staff treated people with dignity and respect. One person told us, “Yes, the staff are respectful.” On the day of our visit, the people living at Eden Place, Manor Road were due to attend, ‘The Old Bank’, a social group. The registered manager had requested we visit the service at a time that did not affect the routine of the people living at the service, to enable them to attend the group that day. Staff prioritised people’s preferences and routines, and were aware of the importance of treating people respectfully.

# Is the service responsive?

## Our findings

People we spoke with had positive views about the service and how people's care and support needs were met. One person told us, "It's basically all good." On admission, people were assessed based on their level of independence and care needs. The provider had three services and each differed in the type of care provided, people were assessed for their suitability to these services. Staff told us they then identified people's likes, dislikes and their personal histories with them and their families, in order to build a personal profile and develop their care plan.

People were involved in care planning and reviews. We saw care plans were signed by people and staff. Day to day records were kept for people at Eden Place Mental Health Nursing Home and more detailed information was kept in separate files including background information and medical history. People had copies of their own care records and staff told us people were encouraged to be involved in planning and reviews of care. Relatives were involved in reviews if people wanted this. We saw care plans for areas such as mental health and nutrition. Care plans were reviewed monthly by staff and managers.

A keyworker system was in place, so people were supported by a named worker and this provided consistency for them. The keyworker was responsible for ensuring the person's care records were up to date. We asked a staff member about the care they provided and they told us, "It is putting yourself in the shoes of the resident." The keyworker spent additional time with the person to identify any issues they may have and escalate them to a senior staff member if this was required. Keyworkers ensured people were supported individually with any issues they had.

Staff knew people they cared for well and how to support people's care needs. We saw one person received a financial allowance and had been overspending this. Staff had worked with them to reduce this spend, which was mainly on cigarettes. The person told us, "I have cut down on my smoking," and staff were helping them to manage their money. Staff knew how to support people based on their individual needs.

Staff planned activities for people based on their preferences. One person told us, "We go on day trips, we

like trains, we went to see a model railway." This person went together with another person at the service with a staff member supporting them. Another person told us, "We like to go on bus rides and to the pub for lunch and drinks." One staff member told us, "We know people's likes and dislikes." We saw a 'one page profile' of information about interests, completed by staff and people at the service. The registered manager told us this was to try to 'match' people with staff who had similar interests. They told us, "We try to build a therapeutic relationship on this social basis." They explained nursing staff and management were also included, to encourage these relationships with everyone. Staff supported people to do what they wanted to do, based on their current interests.

People were involved in planning activities with their keyworkers. Three times a week people living at the service attended the 'Old Bank' which was a local social group for people with similar needs. One staff member told us, "Yes there is enough for people to do, there are activities all the time." One staff member was employed as 'lead' for activities. We saw skittles being played and dominoes and people enjoying this and joined in. The service had the use of two mini buses and some people went on day trips. We saw photographs displayed of holidays that people had been on together. People's level of participation was documented on care records to enable staff to understand what people liked to do. There were activities arranged for people to do and they could choose to be involved in these or not as they preferred.

A 'house' meeting involving people who lived at the service, was held monthly. One person told us, "We have a resident's meeting once a month and discuss days out." One staff member told us, "The resident's meeting means they can discuss topics." During the meeting people were involved in discussions around activities and had the opportunity to offer any other suggestions. Meetings were also used to discuss issues such as safeguarding and complaints, explaining how people could talk about any concerns they had. Regular meetings gave people the opportunity to get together and formally discuss any issues they had.

People told us they were aware of how to make a complaint if they wished. One person told us, "I've got no complaints." A staff member told us, "Complaints are often minor, but we do take them seriously." We asked some staff how they would support people to complain and they said

## Is the service responsive?

they would try to resolve it themselves or go straight to the registered manager, but usually they were small things that could be sorted easily. People had the opportunity to raise any concerns and these were responded to by the management team in a timely way.

# Is the service well-led?

## Our findings

We spoke with people and staff about the provider's management team. One person told us, "I know who the manager is, it's [person]," and they named the registered manager. One staff member told us, "The management are really approachable; people are not scared to say something. They know it's acted on." Staff told us they liked working at the service and that senior staff and the management team were approachable.

The management team consisted of a registered manager and deputy manager. The registered manager had been in post since September 2014. Monthly management meetings were held to ensure there were formal opportunities for communication amongst the management team. The registered manager told us support from the provider was very good and they visited the service weekly. The registered manager provided a monthly manager's report to the provider and this covered areas such as feedback from meetings for people at the service and complaints so they had an overview of this. The management team and nurses took part in an 'on call' rota so they could support people and staff 'out of hours'. Systems were in place to enable the management team to work together and support people and staff effectively.

Several staff had worked at the service for a number of years and there was a positive culture amongst the staff group. Some staff had taken part in an event to fundraise for a children's charity. We saw the registered manager had also been selected as a finalist in the National Care Awards and they told us they were keen to nominate other staff at the service to recognise their hard work. Management and staff worked together as a team and were positive about their achievements.

The registered manager told us they were committed to the continual improvement of the service and the care people received. Staff were encouraged to be involved in the improvements. One staff member told us, "They're bringing things up to the 21st century," and gave an example of plans they had to produce computerised bank statements for people at the service to replace the current hand written records. The registered manager had other plans to make improvements and these included arranging more training away from the service, so staff could have an opportunity to learn in a different environment, away from

their day to day duties. A new website had been developed including an on-line newsletter and this was about to go 'live'. The registered manager had also identified that although they were 'self governing' in their own role, they may benefit from some external management supervision and this was being arranged now. The management team strove to develop the service and introduce new ways of working to support people more effectively.

The service comprised of a terraced house with three bedrooms. One person told us, "We are going to have a new kitchen, bathroom and furniture." Redecoration and refurbishment was being planned to improve the premises further. People were positive about the premises and further work was being undertaken to improve this further.

The registered manager told us about some of the challenges they faced at the service and that external mental health services in the community were currently lacking. The deputy manager told us, "There is no wider community," to support people and this could impact on them when further support was required for people. For example, if a person needed to move to another service, reassessment and finding a new placement could prove difficult. A lack of community mental health resources impacted on the service and how they could support people.

The registered manager encouraged people to be involved in the running of the service. They told us they welcomed feedback from people, families and staff, and explained, "It helps us improve." We saw a survey completed by people in 2015, and some comments were made asking for more 'in house' activities. The registered manager had analysed the results of the survey and we saw most people said they were either 'happy' or 'not interested' in completing a survey at all. The registered manager told us one staff member was leaving the service and they had arranged an 'exit' interview to understand the reasons why. The registered manager listened to people's views and suggestions and acted on these where possible.

The registered manager was able to tell us which notifications they were required to send to us so we were able to monitor any changes or issues with the service. We had received the required notifications from them. They understood the importance of us receiving these promptly and of being able to monitor the information about the service.