

Battersea Care Limited

Eden Grange

Inspection report

Eden Court
313 Battersea Park Road
London
SW11 4LU

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20 June 2022

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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 Grange is a residential care home that can provide accommodation and personal care for up to 79 people. At the time of our inspection 16 people were living at the care home. The care home provides support to mainly older people and approximately half the people who currently reside at Eden Grange are living with dementia.

This purpose built care home has three separate wings, each of which has individually adapted facilities that also forms part of Eden Court Retirement Village. People who occupy their own flats as part of the retirement village who do not receive any personal care are therefore not included as part of the inspection, as the Care Quality Commission (CQC) only inspects where people do receive personal care.

People's experience of using this service

People living in the care home, their relatives and community health and social care professionals were all positive about the standard of care provided at Eden Grange. For example, one relative told us, "The care my [family member] receives is exemplary, the facilities exceptional and the staff are nothing short of amazing." A community professional added, "Each time I have visited the care home my experiences have been positive and my clients tell me they are happy living there."

People were kept safe and were confident any concerns they raised would be listened to. Staff understood how to safeguard people. People were cared for and supported by staff who knew how to manage risks they might face. The premises were kept hygienically clean and staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. Medicines systems were well-organised, and people received their prescribed medicines as and when they should. The service was adequately staffed by people whose suitability and fitness to work there had been thoroughly assessed.

Staff had the right levels of training, support and experience to deliver effective care and support to people living at the care home. People had access to a wide variety of food and drink that met their dietary needs and wishes. People were helped to stay healthy and well. 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. People lived in a suitably adapted care home that had been decorated and furnished to a very high standard.

People were treated equally and with compassion, and had their human rights and diversity respected. Staff treated people with respect and dignity and upheld their right to privacy. People were encouraged and supported to maintain their independence. People were encouraged to make decisions about the care and support they received and had their choices respected.

People had up to date person-centred electronic care plans in place, which enabled staff to understand and

meet their people's personal, health and social care needs and wishes. Staff ensured they communicated and shared information with people in a way people could easily understand. People were supported to participate in meaningful recreational activities that reflected their social and cultural interests. People's concerns and complaints were well-managed, and the provider recognised the importance of learning lessons when things went wrong. People were supported to maintain relationships with family and friends. Plans were in place to help people nearing the end of their life receive compassionate palliative care in accordance with their needs and expressed wishes.

People living at the care at home, their relatives and staff working there were all complimentary about the way the managers ran the service, and how approachable they all were. The provider promoted an open and inclusive culture which sought the views of people living there, their relatives, community-based professionals and staff. The provider worked in close partnership with various community-based health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at last inspection

This service was registered with us on 7 June 2021 and this is their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

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 Grange

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 carried out by an inspector.

Service and service type

Eden Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post however, a new manager had been appointed and they have applied to be registered with us.

Notice of inspection

This on-site inspection was carried out over two days and the first day was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke in-person with eight people who lived at the care home and four relatives. We also spoke with various managers and staff who worked for the provider, including the peripatetic manager and new acting manager who were both in day-to-day charge of the care home, a regional village manager, Eden Courts village manager; a regional care and quality manager, two nurses, five care workers, a senior activities coordinator, and the head of catering, housekeeping, hospitality, business support and maintenance. Furthermore, we sought the views of community health and social care professionals who work closely with this provider and received email feedback from two nurses.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Records looked as part of this inspection included four people's electronic care plans, multiple staff files in relation to their recruitment, training and supervision, and three people's electronic medication administration record (MAR) sheets. A variety of other records relating to the overall management and governance of the service, including policies and procedures, were also read.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to relatives feedback they had recently sought.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People told us the care home was a safe place to live and that staff treated them well. One person said, "I feel extremely safe living here, especially as I know it's staffed 24 hours a day", while a relative added, "My [family member] tells us they feel very safe living at Eden Grange".
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work.
- Staff received safeguarding adults training as part of their induction. Staff knew how to recognise and report abuse and were able to articulate how they would spot signs if people were at risk of harm. For example, one member of staff told us, "If I ever saw anyone being abused at the home I would immediately inform my line manager who I'm confident would let the local authority and CQC know what had happened."
- The managers understood their responsibility to refer safeguarding incidents to all the relevant external agencies without delay, ensure they were fully investigated and to take appropriate action to minimise the risk of similar incidents reoccurring.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained up to date individualised risk assessments and management plans which helped staff prevent or manage risks people might face. These assessments covered every aspects of people's lives and for example, included risk management plans to keep people safe who had been identified as being at high risk of falling, malnutrition and developing pressure sores.
- Assessments were regularly reviewed and updated as people's needs and risks they faced changed.
- Staff demonstrated a good understanding of people's identified risks and the action they needed to take to prevent or safely manage those risks. For example, staff were aware of the signs to look out for and the action they needed to take to prevent or manage incidents of behaviours considered challenging.
- Regular checks were completed to help ensure the safety of the care homes physical environment and fire safety equipment. There was clear guidance available to staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.

- There were enough staff to meet people's needs and wishes. Staff were visibly present throughout this inspection providing people with the care and support they needed. Throughout our inspection we observed staff respond quickly to people's requests for assistance or to answer their questions.
- People told us enough staff were always available in the care home to meet their needs. One person told us, "There always seems to be plenty of staff about and they come as quickly as they can whenever I call them." While a relative observed, "The staffing ratios here appear to be much better than in other care homes I've visited."
- The provider had measures in place to mitigate the risks associated with COVID-19 related staff pressures. The care home did not currently have any nursing or care staff vacancies and continued to recruit more nursing and care staff than they currently required to ensure they would still have enough staff already employed as they continued to admit more people to the care home.
- The provider carried out thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staffs identify, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. One person told us, "Staff never fail to wear their face masks."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the care home in accordance with government guidance and the providers own strict infection prevention and control procedures. For example, on arrival at the care home the reception staff ensured all visitors were not permitted to enter the main building unless they were wearing a face mask, had tested negative for COVID-19 that day and had a normal temperature taken at the time of their visit.

Using medicines safely

- Medicines systems were well-organised, and people received their prescribed medicines safely.
- The provider used a new electronic medicines system which ensured medicines records were kept up to date. We found no recording errors or omissions on any e-medicines records.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff authorised to handle medicines in the care home received safe management of medicines training and their competency to continue doing so safely was routinely assessed by managers and senior nursing staff.
- Medicines were routinely audited by managers and senior nursing staff.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.

- The provider had systems in place to routinely analyse accidents, incidents and near misses which enabled managers identify issues, learn lessons and take appropriate action to improve the safety of the service. For example, following a number of medicine's handling errors in the last 12 months the provider reduced the risk of such incidents reoccurring by introducing a new electronic medicine's systems that automatically flagged when medicines errors and/or omissions occurred. The competency of all staff authorised to handle medicines was also reassessed.
- The providers systems to identify and learn from incidents involving people, living at the care home also included, sharing the lessons when things went wrong with all managers and staff.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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 received care and support that was planned and delivered in line with their assessed needs and wishes.
- People's dependency needs were assessed before people were offered a place at the care home and these assessments were used to help develop people's care plans. People, their relatives and health and social care professionals representatives were all invited to participate in the pre-admission assessment process.
- The electronic care plans detailed the personal and/or nursing care people needed and they were personalised. For example, they included people's preferred food and drink likes, as well as dislikes, what they wanted and could do for themselves, and what their social interests were.
- These e-care plans were routinely reviewed, which helped to ensure staff had the most up to date and relevant information to continue meeting people's care and support needs.
- Staff demonstrated good awareness of people's individual support needs and preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the right levels of training and support they needed to effectively meet their needs.
- People described staff as competent and compassionate. For example, one person told us, "The staff certainly seem to know what they're doing, so I can only assume they've been well-trained."
- Staff told us the training they received was a mixture of e-learning and in-person practical training courses that were refreshed at regular intervals. This ensured staffs knowledge and skills remained relevant. One member of staff said, "The induction I received here was first rate and all the training and support I continue to get from the managers has been great."
- The provider's electronic training matrix identified the training staff had completed, which covered all the topics that were relevant to supporting people living in the care home. For example, this included mental health care and dementia awareness training.
- The training also included a comprehensive induction programme, which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff demonstrated good awareness of their working roles and responsibilities and said they received all the support they needed from their managers to perform their duties well. One member staff told us, "I feel I get all the support I need from the managers and all the staff who work here."

Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular individual and group supervision meetings with their fellow co-workers and managers. The peripatetic manager told us they had started the process of appraising the overall working performances of staff who had been working at the care home for nearly a year.

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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS. For example, staff understood who lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- People told us they enjoyed the quality and choice of meals they were offered at the care home. One person said, "The food is absolutely amazing... Top notch. We're offered a three course meal at lunch and dinner and you can choose between the meat, fish and vegetarian options for your starter and main." A second person remarked, "I'm quite a fussy eater, but I always manage to find something on the menus I like every day". A community professional added, "My clients have been very complimentary about the food they prepare at the care home."
- The atmosphere in all the dining areas during mealtimes remained relaxed and congenial throughout our inspection.
- People's e-care plans included assessments of their dietary needs and preferences, including if people needed any staff assistance to help them eat and drink. One relative told us, "My [family members] dietary requirements are well known and met by the care and catering staff at the home."
- Staff demonstrated a good understanding of people's dietary needs and preferences. We observed catering staff had prepared a range of soft and fortified (high calorie) meals to meet the needs of people with specific nutritional requirements.

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

- People were supported to stay healthy and well.

- People's e-care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- Records showed staff ensured people routinely attended scheduled health care appointments and had regular check-ups with a range of community health and social care professionals.

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

- People lived in a suitably adapted care home that had been decorated and furnished to a very high standard.
- People told us the service was a relaxed and comfortable place to live and were impressed with the interior design and layout of the care home. One relative said, "The place looks and feels like a five star hotel."
- People had access to private en-suite toilet and wet-room/shower facilities in their rooms, and several people had their own separate lounges, where people could meet their family and friends in the privacy of their apartment.
- We saw the premises were kept free of obstacles and hazards which enabled people to move safely around the care home.

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 had their human rights and diversity respected and were treated with compassion by staff.
- People looked at ease and comfortable in the presence of staff. Staff interaction with people was characterised by warmth and kindness. We observed managers and staff throughout our inspection frequently sit and chat with people relaxing in the communal areas. Staff always spoke about people living in the care home in a very respectful and positive manner.
- People typically described managers and staff as "friendly" and "helpful". One person told us, "Staff are wonderful...Always so helpful and kind." A relative added, "The staff are amazing...Very kind and attentive."
- Staff knew about people's cultural heritage and spiritual needs and how to protect people from discriminatory behaviours and practices. People's e-care plans contained information about their spiritual and cultural needs and wishes. This included a specific section on sexual orientation and what people's needs, wishes and preferences were in relation to their sexuality, which they could discuss with staff if they chose.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and their independence promoted by staff.
- People told us staff respected their privacy and dignity. Several people told us they had been given keys to their rooms. Another person said, "Staff always knock and wait for me to invite them in before they come and see me." We observed staff knocking on people's bedroom doors and waiting to be invited in by the occupant throughout our inspection. In addition, we saw several instances of staff sitting next to people they were assisting to eat and/or drink. This enabled staff to make good eye contact with the person they were supporting and to engage people in some meaningful conversations about what they were doing and the meal they were assisting them to eat.
- People were actively encouraged and supported to maintain their independent living skills, including travelling independently in the local community, managing their prescribed medicines, and preparing hot and cold drinks and some microwaveable meals in rooms which had their own kitchenettes. Staff told us one person often went out on their own to meet friends locally, which they actively encouraged this person to continue doing.
- People also said staff supported them to be as independent as they could and wanted to be. One person told us, "I do like to do as much for myself as I can, so it's nice I can still make my own cups of tea in my room whenever I like." The layout of the building won a design award in 2022 partly because some people's rooms had their own kitchenettes where they could prepare their own drinks and some food.
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves, and what tasks they needed additional staff support

with.

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

- People told us that they were able to express their choices and lived their lives how they wanted to. One person said, "You can basically do as you please here. I can certainly get up when I want, choose what I wear, and go and sit where I like", while a second person remarked, "There's always lots of nice food to choose from on the daily menus".
- People, and those important to them, took part in making decisions and planning of their care. For example, people's views were sought in relation to their menus, activities and how they liked to spend their day. Staff respected people's choices and supported them to make informed decisions about their day-to-day care and support. For example, the care home operates a 'resident of the day' scheme which ensures twice a month people can express a preference to have their favourite meal cooked for them or participate in an activity they enjoyed doing.
- People were consulted and agreed to the contents of their care plan, which they signed.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support from staff according to their individual assessed needs and preferences.
- People's care plans were up to date, personalised and contained information about their unique strengths, likes and dislikes, and how they preferred staff to meet their care needs and wishes. A community health care professional told us, "I was very impressed with the nursing staff who were all very informative and had clearly taken the time to get to know my clients including, their life history, and likes and dislikes."
- People told us staff provided them with all the care and support they needed. One person said, "I was a bit anxious when I first moved in and liked to stay in my room, but with the support of the staff I feel a lot more confident about having meals in the dining room or sitting in the communal areas."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed. Reviews took place at regular monthly intervals. They included summaries of the support people had received since their last review and updates that needed to be made to ensure their e-care plan remained relevant and continued to reflect their current support needs and preferences.

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.

- People's information, communication needs, and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the Accessible Information Standard.
- People told us staff communicated clearly with them which enabled them to understand what they meant and were saying. Staff told us they used a whiteboard to write down the dates and times of appointments a person who was hearing impaired had, so they knew exactly what they would be doing in the coming days/weeks.
- People's communication needs were identified, recorded and highlighted in their e-care plan.

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 by staff to participate in various recreational activities at the care home and in the local community, which reflected their social interests and wishes.
- People told us they were able to pursue leisure activities they enjoyed. One person said, "I do enjoy the exercise classes we do with the staff here and I always look forward to my coffee mornings with the ladies in

the bar area." A second person commented, "I know there's lots of organised things you can do here, but I'm just happy sitting in the reception area with a glass of wine talking to the staff and watching the world go by."

- People had access to a range of facilities and dedicated spaces within the care home where they could take part in organised activities or just relax. This included well-resourced art rooms, a fully equipped gym, spa room, hair salon, a bar area with a piano and a well-maintained outdoor courtyard with waterfalls, and several dining rooms, lounge areas and outdoor roof terraces/patios. A relative told us, "The communal areas such as the entrance hall, the lounges, bar and courtyard are all lovely areas in which to socialise and enjoy a coffee or a drink on your own or with family and friends."
- Activity coordinators helped plan and deliver appropriate activities and events that people had expressed a wish to participate in. Weekly activity calendars indicated people could choose to take part in a variety of meaningful activities every day if they wished. This included for example, arts and crafts classes, trips to the local library and parks, coffee mornings, chair aerobics, quiz's, a science club, outdoor games in the courtyard, bingo and cake decorating.
- To prevent people who were bed bound becoming socially isolated the activities coordinator's offered these individuals regular one-to-one support, which included hand massages or listening to their favourite music.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have. A relative told us, "If I had any issues with the home, which I haven't, I'm pretty confident the management would sort it all out for us."
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- People's care plans had a section they could record their end of life care and support needs and wishes, if they wanted to.
- Managers told us they worked closely with the local GP surgery, hospice and palliative care professionals to ensure people who had died at the care home had experienced dignified and comfortable end of life care in line with their dying wishes and needs.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were clear management and staffing structures in place. The peripatetic manager, new care home manager, the village manager, various heads of department and the senior nursing team all worked well as a team. The team based at the care home was also supported at a provider level by various senior managers who regularly visited the service including, a senior village manager and a regional care and quality manager.
- People living at the care home, their relatives, community health and social care professionals and staff all spoke positively about the way the care home was managed. One person told us, "I've got a lot of time for all the managers here, who are easy to talk with and approach", while a relative remarked, "The managers are lovely. Very supportive, helpful and friendly".
- Managers understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Continuous learning and improving care

- Managers were keen to improve the service and they recognised the importance of learning lessons and continuous improvement to ensure they maintained high-quality, person-centred and safe care for people.
- Managers and senior staff had electronic records and governance systems which automatically flagged up when things had gone wrong, and routinely toured the care home in-person to observe staffs working practises. For example, the hospitality manager told us it was part of their role to check people were having a pleasant experience at mealtimes and liked the quality and choice of the meals they were offered, while senior nursing staff said they were responsible for checking staff wore their PPE correctly every day.
- The outcome of these audits and checks were routinely analysed to identify issues, learn lessons and implement action plans to improve the service they provided people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- Managers had a clear vision for the care home. They told us they routinely used individual supervision and group team meetings to remind staff about the services underlying core values and principles.
- Managers worked directly with people and led by example. Staff spoke in positive terms about the support from their line managers and teamworking with their colleagues. For example, one member of staff

said, "This is a wonderful place to work. I've never known such a marvellous team spirit and 'can do' attitude amongst all the managers and staff."

- Staff felt able to raise concerns with managers without fear of negative repercussions. Details of the provider's whistle-blowing procedure were available for staff to refer to if needed.
- Managers were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. For example, managers gave us a good example of how they had been open and transparent with a person living at the care home after they had apologised to them for not always administering their medicines as prescribed.

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

- The provider promoted an open and inclusive culture and used a range of methods to gather people's views about what the care home did well or might do better. This included, regular one-to-one meetings with their designated keyworker, online individual and group meetings between relatives and staff, and bi-annual customer satisfaction surveys. The results of the most recent satisfaction survey indicated people were satisfied with the standard of care and support provided at Eden Grange. In addition, managers told us two people had been appointed 'Home Ambassadors' to represent the views of everyone who lived at the care home at various management and staff meetings. For example, the views of these ambassadors about the suitability of prospective new staff would be sought and taken into account by the provider as part of their staff recruitment process.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers.

Working in partnership with others

- The provider worked in close partnership with various community professionals and external agencies including, the Local Authority, local Clinical Commissioning Groups (CCGs), GPs, palliative care nurses and social workers. A community health care professional told us, "Staff were very appreciative of my input and support and were willing to take on board my suggestions and interventions."
- The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.