

# **Key inspection report**

**CARE HOME ADULTS 18-65**

**Eden View**

**High Street  
Bottisham  
Cambridge  
CB25 9BB**

*Lead Inspector*  
**Bhavna Keane-Rao**

*Unannounced Inspection*  
**5th May 2009            9:45**

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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# SERVICE INFORMATION

<b>Name of service</b>	Eden View
<b>Address</b>	High Street Bottisham Cambridge CB25 9BB
<b>Telephone number</b>	01223 813620
<b>Fax number</b>	01223 812930
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Swanton Care & Community Ltd
<b>Name of registered manager (if applicable)</b>	Manager post vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	10
<b>Category(ies) of registration, with number of places</b>	Physical disability (10)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following categories of service only:  
Care Home with nursing - Code N  
  
to service users of the following gender:  
Either  
  
whose primary care needs on admission to the home are within the following categories:  
Physical Disability - Code PD
2. The maximum number of service users who can be accommodated is 10

## Date of last inspection:

This is a new service

## Brief Description of the Service:

Eden View is a purpose built building in the village of Bottisham in Cambridge. This building is designed to provide care for residents who have acquired a brain injury or neurological condition requiring a period of rehabilitation.

The accommodation comprises of a communal lounge with kitchen facility for the use by residents and their visitors, a small lounge, a communal dining room and an enclosed main kitchen. There is also a therapy room and a therapy kitchen.

There are ten resident's bedrooms, five on first floor and five on the ground floor. All ten bedrooms have an overhead hoist system, piped oxygen and all have an en-suite facility with shower, WC and a hand wash basin.

The home also has grassed garden to the side of the building and enclosed garden to the rear. All areas are wheelchair friendly.

There is ample car parking facilities on site.

The weekly fees range from £1635 - £2,000. People pay separately for hairdressing, toiletries and clothing. Information about the costs, as well as the day-to-day operation of the home, can be found in the statement of purpose and service user guide. These documents and a copy of this inspection report, once finalised, are available to people who live there and for those interested in coming to live at the home.

# SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

An unannounced visit was made to the home as part of a key inspection. It started at 9.45 and lasted 4 hours.

Information that we hold about the home was used to plan the visit and produce this report.

The main method of inspection used is called 'case-tracking', which involves choosing a proportion of residents, and tracking the care they receive through the checking of records, discussion with them, the care staff, any visitors and observation of care practices.

Our visit to the home focused on whether key standards had been met and to check on how people feel about the service provided. Since there is only one person in the home, their care was followed in detail to ensure that their health, safety and welfare needs were fully met and that they were supported to maintain their dignity, autonomy and choice.

We spoke with four staff members on duty, a physiotherapist and the residents. The personal records, general house records and staff records were looked at and the way care was given to the person was observed.

The resident was very positive about the level and quality of care given. They spoke enthusiastically about the "wonderful staff".

Any comments we received will be mentioned in the main body of this report. We saw most areas of the home and looked at records in the home.

Two senior people were present throughout this inspection

## What the service does well:

Eden View is a purpose built new building in the village of Bottisham in Cambridge.

This building is specifically designed to provide care for residents who have acquired a brain injury or who have a neurological condition requiring a period of rehabilitation.

There is a training programme, to ensure that staff know how to look after and support people living in the home. The resident told us "this is the best thing ever."

People are cared for in a kind, friendly and dignified manner.

## What has improved since the last inspection?

This is a newly registered service and has not had any previous key inspections.

## **What they could do better:**

This is a newly built registered service and as yet not all the 'homely' touches have been added. Therefore it looks very clean, tidy but also very clinical.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# **DETAILS OF INSPECTOR FINDINGS**

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Conduct and Management of the Home (Standards 37 – 43)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

## The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 1, 2 and 3

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is a formal procedure in place to ensure that new resident's needs and aspirations are assessed before admission. So that all their care needs are met.

### **EVIDENCE:**

We saw the statement of purpose and service user guides. They are comprehensive, clear and up-to-date to give people enough information to help them decide if they want to use the service.

At present there is only one resident for whom care is provided. This person's care plans was viewed, we saw that the initial and subsequent assessments were comprehensive, detailed and relevant to the care the resident needs and want.

Staff have relevant training to ensure that they could look after people properly and provide support which is appropriate.

## Individual Needs and Choices

### The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

### The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 6, 7 and 9

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Resident's independence is promoted and support is given to make decisions affecting all aspects of life.

### **EVIDENCE:**

Since there is only one person living at this home at the moment, all relevant records were viewed including the care plans. There are a number of subsections to the folders with regards to various care needs of this particular resident.

The care plan used is called the Barchester HealthCare 14 point care model. This includes detailed records of resident's, likes and dislikes, health and wellbeing, which contains specific details of how their emotional and social care needs are to be met.

The activities section contained various ways in which rehabilitation takes place in a structured way with involvement from various health care professionals. This also contained details of all day care provision along with hobbies, interests and what activities have been liked in the past along with future activities. This is done through constant discussion with the resident. Future goals and aspirations are also recorded and reviewed on regular basis.

There is formal risk assessments carried out to ensure that the resident is safe when undertaking any activities and hobbies.

Staff were knowledgeable as to the resident's wishes, and were seen giving support as per request.

# Lifestyle

## The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

## The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

Standards 12, 13, 15, 16 and 17

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this

Residents are supported to make choices about how they wish to lead their life, activities they participate in and what food they eat. This ensures they have control over their lives.

### EVIDENCE:

Daily records and care plans detail the range of social and education activities and recreational pursuits which include going out to for walks, going shopping, attending the day centre, going for walks, accessing local amenities and visits from family. This is supported by two members of staff at all times. This list is just a sample of activities, which are organised.

Upon discussion with the resident and the staff on duty, it was evident that the resident is able to decide what activities are planned for the day. Although a

day planner has been set up with resident's input, this is flexible depending on the care needs and the mood of the resident on daily basis. This was observed to be the case on the day of our visit.

There are formal risk assessments carried out to ensure that the resident is safe when undertaking any recreational pursuits.

During discussion with the resident, she stated she 'loved to listen to music' and dance. This is accommodated by the staff.

Regular contact is kept with family members by the resident. The resident has access to a phone so that there is freedom to make private personal calls at any preferred time.

Majority of main meals are cooked at the other registered property on site. The resident usually likes to eat her meals there with other people. However some of the cooking is done on site to encourage independent living skills. The resident is involved in the planning and preparation of the living skills menu. On the day of the site visit the staff and the resident, had planned to cook a roast chicken meal. But due to various reasons this was postponed for the following day.

## Personal and Healthcare Support

### The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 18, 19 and 20

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Resident's health, emotional and personal care needs are met in line with their wishes and care plan.

### EVIDENCE:

The resident who was spoken with stated that as this was at present home for one person sometimes she went to her own bedroom to get more privacy.

Staff in discussion were also mindful of this particular issue and stated that they too did not like to impose in the resident's space. The resident was positive about the general input from staff.

The staff have clear understanding of their role in offering support and guidance, and awareness as to the rights of the resident to express opinions and make decisions. This was confirmed by the resident. Staff record all areas of care. These are dated and signed by the member of staff. These are further

checked and reviewed by the senior person to ensure action taken is appropriate.

Care plans demonstrated the level of input and support which is needed by the resident. There are records of all visits to doctors, dentist, opticians and other health care people.

Medication records were checked and staff were observed giving out medication and recording it. This was found to be satisfactory.

## Concerns, Complaints and Protection

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Standards 22 and 23

Residents are kept safe and protected from abuse.

**EVIDENCE:**

The resident is aware of what to do if she was not happy at the home. However the resident also stated that she never had to complain as she has never been unhappy.

The Statement of Purpose includes information on how to raise concerns or make complaints.

Complaints procedure is kept within a file outside the resident's bedroom.

Records viewed demonstrated that the resident is supported to express opinion and views.

There are folders for recording all complaints and compliments. We, the Commission, have not received any complaints about this service. We have been informed that the service has not received any complaints directly to them.

## Environment

### The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

### The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

Standard 24, 25, 28 and 30

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The resident is provided with a warm, safe, clean, comfortable and well-maintained environment suitable for their needs.

### EVIDENCE:

The property is a large two storey new built building. It is clean and tidy. All the furniture and fittings are brand new.

There is a main kitchen area which is used for structured cookery sessions etc. There is also a large living/ kitchen areas. The resident was observed using this area to make drinks and snacks and listen to her music.

Bedrooms and lounge areas are located on both floors. All the bedrooms are single with en-suite facility.

The home has a large front and rear garden, and includes a patio area and lawned area. The garden has level access. The front of the property is paved, with parking space.

Laundry facilities are located on the ground floor.  
The resident was observed using all the communal bedrooms areas without restrictions.

Discussion was held with senior staff on duty about the need to make the building a bit more 'homely' at present the walls are bare, there are no ornaments and it has a clinical feel to it. The only picture on the wall is of the opening ceremony but no one was able to say who is in the photograph.

## Staffing

**The intended outcomes for Standards 31 – 36 are:**

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

**The Commission considers Standards 32, 34 and 35 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

Standard 32, 33, 35 and 36

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are sufficient numbers of trained staff to meet resident's care and social needs.

### **EVIDENCE:**

Three members of staff spoken with were very positive about working at the home. They felt supported by the provider.

The senior on duty was covering from the other home as the manager has just resigned and the providers are recruiting at the present.

On the morning of the site visit there were two members of staff on duty and a domestic person. There are always two people of duty at all times so that appropriate support is provided for the resident. One of who is always a registered nurse. The staff training records demonstrates that they are suitably trained and experienced to provide support and care as required by the resident.

Both the staff spoken with said that they had regular staff meetings and supervisions. The records available demonstrated this to be the case. The AQAA also confirmed this to be the case.

Three Staffing recruitment records were viewed. These contained all relevant information including a completed application along with two satisfactory references. CRB checks had been undertaken but were locked away on the day of the site visit. The senior staff on duty confirmed that they had all had relevant checks. Staff who were spoken with stated this to be the case.

# Conduct and Management of the Home

**The intended outcomes for Standards 37 – 43 are:**

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

**The Commission considers Standards 37, 39, and 42 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 37, 39 and 42

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is a competent and committed provider who understands the needs of individual residents.

**EVIDENCE:**

The service is without a registered manager. On the day of the visit an interview was taking place to recruit a new manager.

On the day of the site visit there were two people on duty, one a registered nurse. The inspection was facilitated by the manager for the company's other registered property on the same site.

Discussion was also held with the site manager at the conclusion of the visit.

Training records confirmed staff have the appropriate skills in relation to health and safety topics, and this was confirmed by the AQAA.

Staff meetings are held; minutes were viewed and as there is only one resident regular discussion are held to include their wishes and views.

The AQAA demonstrated that there are regular quality reviews held to ensure the service provided is of good standard. Since this is a new service it still at the initial developmental stages. The resident has only been with the service for the last few months.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	3
<b>4</b>	X
<b>5</b>	X

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<i>Standard No</i>	<i>Score</i>
<b>6</b>	3
<b>7</b>	3
<b>8</b>	X
<b>9</b>	3
<b>10</b>	X

<b>LIFESTYLES</b>	
<i>Standard No</i>	<i>Score</i>
<b>11</b>	X
<b>12</b>	3
<b>13</b>	3
<b>14</b>	X
<b>15</b>	3
<b>16</b>	3
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<i>Standard No</i>	<i>Score</i>
<b>18</b>	3
<b>19</b>	3
<b>20</b>	3
<b>21</b>	X

<b>CONCERNS AND COMPLAINTS</b>	
<i>Standard No</i>	<i>Score</i>
<b>22</b>	3
<b>23</b>	3

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>24</b>	3
<b>25</b>	3
<b>26</b>	X
<b>27</b>	X
<b>28</b>	3
<b>29</b>	X
<b>30</b>	3

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	X
<b>32</b>	3
<b>33</b>	3
<b>34</b>	X
<b>35</b>	3
<b>36</b>	3

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	3
<b>38</b>	X
<b>39</b>	3
<b>40</b>	X
<b>41</b>	X
<b>42</b>	3
<b>43</b>	X

N/A

Are there any outstanding requirements from the last inspection?

### **STATUTORY REQUIREMENTS**

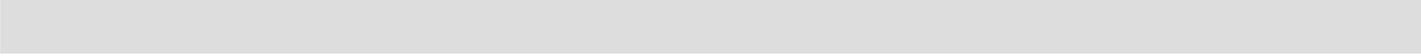
This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

### **RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations



## **Care Quality Commission**

Eastern Region

Care Quality Commission

Eastern Regional Contact Team

CPC1, Capital Park

Fulbourn

Cambridge, CB21 5XE

National Enquiry Line:

Telephone: 03000 616161

Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

Web: [www.cqc.org.uk](http://www.cqc.org.uk)

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