

## Leonard Cheshire Disability

# Eden Square, Apartment 13

### Inspection report

Unit 5  
Golden Way, Urmston  
Manchester  
Lancashire  
M41 0NA

Date of inspection visit:  
10 August 2016

Date of publication:  
30 September 2016

Tel: 01617473512

Website: [www.leonardcheshire.org](http://www.leonardcheshire.org)

### 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

This inspection took place on 10 August 2016 and was announced. The service provides personal care and support to people in their own homes. Because staff and people were often out in the local community, we gave the provider 48 hours' notice to make sure that staff would be available to assist us at the office.

We last inspected the service in November 2013 where we found they were meeting all the regulations we inspected.

There was a registered manager in post. She was on pre-arranged long term leave at the time of the inspection. The provider had notified us of her absence in line with legal requirements. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A service manager was covering the registered manager's absence.

Eden Square, Apartment 13 is part of the Leonard Cheshire Disability Organisation. The service provides an independent supported living service with 24 hour care and on-site support for people with learning and physical disabilities.

Eden Square, Apartment 13 consists of one and two bedroom accessible apartments which are situated above a shopping precinct in Urmston. The apartments are owned by a not-for-profit housing company and available for people with individual budgets, direct payments or those who fund themselves. There were 20 people receiving support from the service at the time of our inspection.

People told us they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. There were no ongoing safeguarding concerns. This was confirmed by the local authority's safeguarding adults team.

There was a safe system in place for the management of medicines. People told us there were enough staff to meet people's needs. The service manager told us that they were currently recruiting additional staff. On the day of our inspection, we saw that people's needs were met by the number of staff on duty.

There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of the people who used the service.

The service was not regulated to provide accommodation which meant we did not inspect the premises at Eden Square, Apartment 13.

People were supported to receive a suitable diet. They spoke positively about the caring nature of staff. They were also complimentary about the responsiveness of staff.

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place and people knew how to complain. Effective feedback systems were in place to obtain people's views about the care and service delivered.

People and staff were complimentary about the management of the service. Staff told us they felt well supported by the service manager and team leader. Systems were in place to monitor all aspects of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe. There were no ongoing safeguarding concerns.

Safe recruitment procedures were followed. People and relatives told us there were sufficient staff deployed to meet people's needs.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff told us and records confirmed that training, supervision and appraisals were carried out.

Staff applied the principles of the Mental Capacity Act 2005 correctly in their work.

People's nutritional needs were met and they were

### Is the service caring?

Good ●

The service was caring.

People and relatives told us that staff were caring.

People were treated with privacy and dignity.

Records evidenced that people were involved in their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People told us that staff were responsive to their needs.

Staff enabled people to live as full a life as possible.

There was a complaints procedure in place and people knew how to complain. Effective feedback systems were in place to obtain people's views.

### Is the service well-led?

Good ●

The service was well led.

People and staff told us the service was managed well.

Systems were in place to monitor the service.

Staff were motivated and spoke enthusiastically about working at the service.

# Eden Square, Apartment 13

## **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 was carried out by one inspector who visited the service on 10 August 2016. The inspection was announced.

We spoke with four people who used the service. We contacted a relative and one person's appointee following our visit to obtain their views of the service. We sent out questionnaires to people, relatives, staff and health and social care professionals.

We spoke with the service manager, the team leader, a registered manager from one of the provider's other services, a senior support worker and two support workers. We examined two support plans and two staff recruitment files. We also viewed the training records relating to all staff. In addition, we checked records relating to the management of the service such as audits and surveys.

We emailed a local authority safeguarding officer, a commissioning officer, an occupational therapist and a social worker, a social work assistant, an infection control practitioner. We also contacted the local Healthwatch organisation. The safeguarding officer, social work assistant and occupational therapist responded to our requests for information. We used their comments to support this inspection.

We checked information which we had received about the service prior to our inspection. This included notifications which the provider had sent us.

We did not request a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included, "Being here has given me peace of mind – it lets you breathe because you know that you are not in any danger and that they will always come if you need them. Everything just goes with the flow" and "I definitely feel safe here." We read the results of the provider's 2016 survey which was carried out between January to March 2016. 12 people had completed the survey. We read that 100% people said they felt safe at the service.

There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. No concerns were raised. There were no organisational safeguarding concerns, as confirmed by the local authority's safeguarding team.

We looked at the way medicines were managed. People told us staff supported them with their medicines. Comments included, "The staff are good with my medication. They give me my muscle relaxant when I'm in bed because I can't manage" and "They are very good with my tablets, they never forget, unlike me."

We found there was a safe system in place for the ordering, receipt, administration and disposal of medicines. One person whom we visited required an "emergency medicine" to manage their medical condition. The service manager told us, "We always make sure that he has [name of medicine] with him. The staff all know." There was a detailed plan in place to inform staff when this medicine needed to be administered. This meant that people were supported to manage their health during a health emergency.

Medicines 'handover' sheets were in place. Staff had to read and sign these forms to state they were aware of any changes in people's medicines such as any new medicines which had been prescribed. The team leader told us, "It's more of an information tool so when staff come on duty they have that information immediately at hand. It's also a good reference tool." This demonstrated there was a system in place to ensure that medicines were administered consistently and in a safe way.

Staff told us they had completed medicines training. The service manager told us, "I register all the staff on the [name of pharmacy] training. We do observations and staff competencies on all our staff." The team leader informed us, "Staff have a medication passport which is tailored to the needs of the service where we record staff competencies and observations. The medication passport is their medication journey."

Medicines audits were carried out and all medicines errors were investigated. The team leader told us, "There have been a couple of medicines errors. I monitor any patterns and trends and we always investigate these to see how we can stop these [errors] happening again in the future."

We checked staffing levels at the service. People told us there were sufficient staff deployed to meet their needs. One person said, "There's enough staff. Sometimes they are a bit short of staff. Sometimes they use agency staff." One respondent informed us they felt there had been a relatively high turnover of staff recently. We spoke with the team leader about this feedback. She told us, "Some staff have been on maternity leave, others have gone travelling and others have gone on to further education. I think it has

been managed well though." The service manager told us they were recruiting more staff.

Following our inspection, a health and social care professional contacted us to state they had raised concerns about the availability of staff to accompany vulnerable people to hospital. We spoke with the team leader about this feedback. She stated there was always a sleep-in member of staff on night duty who would be woken if assistance was required. In addition, on call support was available via the service manager or herself. She also informed us that staff would be available through the day to escort people to hospital if this was required.

Support for people who used the service was assessed in terms of hours required for personal care by the social work team involved and then assessed by the service to ensure they could meet those hours and the care required. Following our inspection, a health and social care professional told us that people's activity planners did not always reflect the hours of support being provided. She explained that she had visited one person and their activity planner recorded that the person should have been involved in an activity, however the activity had already finished. We discussed this with the team leader who told us that new activity planners were being formulated.

The office was located in the same building as the apartments which meant that sometimes staff were providing support over and above the required hours for certain individuals. A relative said, "Everything is perfect – they are always popping in and out. It's not just the specified hours she's allotted, they personally do more." The team leader told us, "We provide background support. We would never just walk past an individual that needed support." The service manager told us that staffing levels were flexible and based on the needs of people who used the service.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to starting work at the service to help ensure that staff were suitable to work with vulnerable people. These included Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a report which details any offences or other relevant information which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. The service manager told us, "We recruit staff who care, not just turn up." This was confirmed by people with whom we spoke. One person said, "The staff are all very caring."

Contingency plans were in place in case of an emergency. There was a telecare system in operation which was linked to the fire alarm, call bell system and other assistive technology such as epilepsy monitors and falls alarms. People had personal emergency evacuation plans which gave information about the support they needed to get out of the building in the event of an emergency. There was a "grab file" in place. The team leader said, "This is used for emergency planning in the event of a fire or electrical failure or other emergency and it contains all the staff's numbers so staff know who to call for help." This meant that plans were in place to help ensure the safety of people in the event of an emergency.

Risk assessments were in place which had been identified through the assessment process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. Areas of risk included, medicines, accessing the community, finances, nutrition, mobility and swimming.

Staff explained there was an emphasis on positive risk taking. Positive risk-taking is about evaluating the potential benefits and risks of taking one choice of action over another. It involves developing plans and actions that reflect the positive potentials and stated priorities of the person. One staff member said, "We always inform people of the hazards and risks and if they decide on doing something after we have



explained the risks we make sure the necessary risk assessments are in place, but it is their decision." The team leader told us, "It's independent supported living. People have capacity and we do support people to take risks, it's part of life - you and I take risks." Having staff available to carry out these assessments helped ensure that risks could be assessed and actions planned to ensure hazards were minimised. In addition, positive risk taking helped people feel empowered by understanding the consequences of different actions.

## Is the service effective?

### Our findings

People and relatives were complimentary about the skills of staff. Comments included, "They are very good at meeting the care protocols," "They know what they are doing, they know their job," "They always use the hoist, when they move me," "They are so professional here when it comes to moving and handling. The other service I used, it was just rush, rush, rush - it's not like that here" and "The staff all know what they are doing here. I haven't come across one idiot here. They know how to meet our needs."

All staff informed us they felt equipped to carry out their roles and said there was sufficient training available. The service manager told us, "We look at staff training needs and then look at the calendar to see when the next training is due and then book it through the learning and development team. If staff need specific training we would source this ourselves." One support worker said, "A group of us went to [name of hospital] and they talked us through what diabetes is and the signs and symptoms and what to do. It gave us a good understanding... We have also done more specific training, we watched a DVD on MS [Multiple Sclerosis] which we all watched." Another staff member said, "We had a session on dementia and the trainer talked to us about the use of memory books, I'm looking to do this for [name of person]. I'm going to bring it up in my supervision."

Staff told us and records confirmed, that they undertook induction training when they first started working at the service. This meant that staff felt prepared when they started working independently and supported the effective delivery of care.

The service manager told us that staff had been given lead roles including health and safety, risk assessors, moving and handling and first aiders. She told us, "If staff are interested in furthering their skills in risk assessment or moving and handling, we book them on special training. It helps give them more confidence and skills, and they are passing these skills onto staff." We spoke with the health and safety lead who said, "I do a quality report where I go through all the health and safety issues and make sure checks have been done." We also talked with the moving and handling lead who told us, "I am the moving and handling skills instructor. I've done my three day course. We observe how they [staff] are moving and handling and make sure that their skills are to a high standard. We have been told that our standards are high [at Eden Square]."

Staff told us they felt well supported. We noted that staff supervision sessions were held and an appraisal was undertaken. Supervision and appraisals are used to review staff performance and identify any training or support requirements. The service manager told us, "We also do practical supervisions around all areas of care. The seniors will observe the support workers' practice, observing if there are any areas for improvement. We also have 'notes of discussion,' so if any of the seniors have had to speak to staff, or if a staff member has come to a senior with a concern, this will be added to the notes of discussion which will then be added to the supervision... This helps us know what each senior has said to staff and what staff have said to seniors."

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.

The service manager told us that no one living at the service was being deprived of their liberty. They explained that if they had any concerns about a person's capacity they would inform their social worker. The registered manager of the provider's other service said, "We will advise the family if any best interests decisions need to be made and make sure they have a LPA [Lasting Power of Attorney]. Best interests is all about bringing people together to make a decision."

People whom we met had the capacity to consent to all aspects of their care and support. They informed us that staff always asked their consent before care and support was provided. Comments included, "I decide – always" and "Even though they know what I want and my likes and dislikes, they never just assume, they always ask." We read that one person did not want their photograph taken.

We checked whether people's nutritional needs were met. People were supported to plan and cook their own meals where possible. One person said, "We both cook together [staff and person]. I usually do curries." People also told us that staff supported them to eat healthily. "They help me choose a varied diet; they got me on the veggies so I have a decent diet." One relative said, "I have no concerns about her meals, her fridge is always full." We read one person's support plan which stated, "Staff can assist me by pointing out foods that are low in fat and healthier options." Support plans also gave details of people's likes and dislikes. One plan stated that the person enjoyed eating lasagne and shepherd's pie and specified that they did not like mushrooms, sweetcorn and salad.

People told us that staff supported them to access healthcare services. Comments included, "They are very good with healthcare, they make appointments for me" and "I had a verruca and they sorted everything out and got me antibiotics."

Records showed details of appointments with health and social care professionals and we saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example GP's, district nurse teams, consultants and social workers. We spoke with a relative who said, "I spoke on Thursday and [name of person] was not very well. On the same day, they got a water sample and took it along to the doctors and the next day the results were back and she had a urine infection and the doctor had prescribed tablets."

Staff told us they supported people to make their own healthcare appointments. One staff member said, "[Name of person] had to make a podiatry appointment. I told him, 'Here is the telephone number' and then I went back after a couple of days and checked whether he had made the appointment. Sometimes if he forgets, we will remind him while we are there." This meant that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

## Is the service caring?

### Our findings

People were complimentary about the caring nature of staff. Comments included, "They are caring" and "They are all very good, the staff are all 'people-people', if you see what I mean."

Staff spoke with pride about the importance of ensuring people's needs were met. "We support people with many different disabilities. We go into their flats and support them individually depending upon how they like to be supported." The service manager told us, "If people are admitted to hospital we go and visit them in hospital, it helps reassure them when they see a familiar face. We do it because we care."

We found the support planning process centred on individuals and their views and preferences. Support plans had been developed with people and their relatives. One page profiles were in place which gave an overview of people's personal preferences. The team leader informed us, "In order to find out about people histories we have tools in the assessment documentation to be filled in regarding their past interests and family. This is so we have as much information about the individual as possible to tailor their support needs. Knowing about the individual allows us to provide person centred support from start to finish."

We read one person's one page profile which stated, "I love Manchester City football club and always watch the football matches and enjoy collecting anything to do with Manchester City." One person said, "I told them all about me." Another person said, "They know all about me and know how I like things done." The service manager told us, "We sit down with tenants to see what support they need and how we can deliver this. If we were all to be swept away I would want a total new staff team to know how to support the tenants." This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

Staff were knowledgeable about people's needs and could describe these to us. One staff member told us, "[Name of person] likes a banter with staff." This was confirmed by our own observations when we saw the service manager and person sharing jokes and funny stories. Other comments made by staff included, "[Name of person] likes her dolls and likes you to interact with them. They help to settle her," "No two calls are ever the same; you adapt and adopt different strategies to meet people's needs. We have two people with a [name of medical condition], but you don't treat them the same. The staff know about their likes and they will say, 'He doesn't like Lenore, he likes Comfort [fabric conditioner]. The staff genuinely care and deliver such person centred support" and "[Name of person] struggles to make decisions, so I talk through the options with him and say, 'You have this option and that option, what do you think?' If I said, 'This is what we are going to do' that wouldn't be right because it would be my decision."

There was a key worker system in place. The team leader told us, "I am introducing a new system where I get each member of staff to do a one page profile at interview. Then, if they are successful I can match their skills, knowledge and interests to the service users."

People told us they knew their keyworkers and appreciated their support. One person said, "It's good having

a keyworker, they keep me informed and keep a record of my progress. They go through my plan with me." The service manager told us, "We try and match staff up with service users at interview... They [keyworkers] oversee if people have appointments and make sure that appointments are in the diary. They also help people with their post and make sure they are aware of any special occasions such as family birthdays. They do a monthly meeting and write a report with the service user. The senior on the team will then phone the relative if that's what the service user wants to get their feedback and any actions which are needed are followed up." One support worker said, "I am key worker for two clients and I have got to know them well. I supported [name of person] to go to Blackpool and I supported [name of person] to choose his paint and decorate his flat. If we notice anything that the clients want or need we are always pretty quick to get it sorted." The team leader said, "The key worker system is used to the absolute max here. It's like people have their own buddy. You can see that there is such a strong bond between staff and people, such a good rapport." The team leader explained that one person had commented that she did not see her keyworker as often as she would have liked because the staff member worked part time. She stated, "I have listened to [name of person]... I have allocated [name of person] a new keyworker and advised that I will support her in this role also. [Name of person] is very happy with this change."

People were supported with their communication needs and given information in a format that met their needs. Pictures were added to the written word to make information easier to understand. Following our inspection, the team leader contacted us and stated, "Each service user we support needs to be given information in a way that is suitable to their understanding and ability to process it. For example; some people need a step by step timetable of what is happening on each day at what time and when. Other service users do not need something that specific and just require a template. We also use pictures for people who struggle to process large amount of writing. We have also used visual shopping lists for an individual who cannot use a written list."

People's privacy and dignity were promoted by staff. This was confirmed by people. One person said, "They are very good with privacy and dignity." We saw staff knocked on people's front doors before they entered. The manager told us that staff did not wear uniforms. She said, "We don't want to advertise to the public that people are receiving care, so when the public see a person out and about with a staff member, they just think that it's two people out on a shopping trip." We read one person's one page profile which stated, "I am a private person... I don't like silliness much so please don't make jokes too much."

Following our inspection, the team leader contacted us and said that one person was anxious of calling for support at night because most of the night staff were male. The team leader explained that she had introduced more female staff on night duty to ensure there was a female staff member on the majority of night shifts.

People told us that their independence was promoted. Comments included, "They support me to do what I can myself" and "They never just take over, I'm included and involved." We read people's support plans which gave staff information about how to promote independence and what tasks people could do themselves. 'Step by step' guides were included in support plans. We read one person's 'step by step' guides for cooking, drama, swimming, voluntary work and medicines. One staff member said, "If they require any support we guide and support them. If they can do a task we support them, we never take over. If they want a cup of tea and the only thing they can do is put a tea bag in then this is important, they are still contributing. This is why it's a supported living service to promote their independence. People have different goals, for one it maybe to make a cup of tea, for others it may be going to work, we support them – it's all about person centred care." The team leader said, "[Name of person] has her possum [assistive technology] which means that she can control her television, her light, television and call bell. Another person has bought a quad, so the wheelchair goes onto the quad because he had a motorbike. He said to me when he

had been out that he loved it and felt he had a new lease of life."

People told us they were involved in, and consulted about, their care. We read one person's support plan which stated, "I have been involved in the development of my health plan." Monthly key worker reports and reviews of people's care and support were carried out with them. One person said, "They go through my report with me." We read one review which said, "When asked, [name of person] said she was very happy with her life at the moment." We read the results of the 2016 survey which stated that 100% of people said staff helped them to have control over their daily life. This meant that systems were in place to ensure people were involved in all aspects of their care and support.

Our discussions with staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

## Is the service responsive?

### Our findings

People were complimentary about the responsiveness of staff. Comments included, "They are very good. I get regular visits and they are always on time," "Just what I need is what I've got," "We have a good set of staff now," "It's great here, it's a good way of doing things" and "They know all my needs and my likes and dislikes. It's great because I don't need to explain how I like things done when they come in, they know. They have got to know me individually." One person told us however, "The agency staff are not so good as the regular staff." We spoke with the service manager about this feedback. She told us that they were recruiting more staff.

A relative said, "I have found it very good. Since she has gone to Leonard Cheshire the improvement in her has been incredible." An occupational therapist informed us, "The lady I have been dealing with has visibly improved – she is a lot happier. If they have any issues with equipment they know the correct channels. The communication is very good and they take and follow advice."

The service manager told us there was an extensive assessment period before people came to live at Eden Square. Staff visited people at home to assess their needs and find out how they wanted their support to be delivered. The registered manager of the provider's other service said, "People aren't like boxes that you can move. It's the most stressful time moving and we have to be mindful of this." The team leader said, "People can come and visit when they like. We have one person who is on a phased transition so they are coming a couple of nights a week before they move in full time. This all helps, because our goal is for their placement to be successful. We want to get as much information as we can because the more information we can get, the better the quality I think. We want them to feel safe and comfortable and that the move wasn't rushed – you have to work at people's own pace." She also informed us, "It also helps the individual to get to know some of the staff that will be supporting them and a familiar face to recognise. It also allows staff to see how the individual likes their support delivered. We have found this puts families and carers at ease when it comes to what can be a very stressful time."

Support plans were in place which aimed to meet people's health, emotional, social and physical needs. Goals were set with people and monitored. The service manager told us, "If people want to do something, we sit down with them and talk to them to see how they can achieve it. The staff get more excited sometimes than the tenants when they reach their goals." We read that one person wanted to lose weight. There was a 'step by step guide' in their support plan which gave staff information about how to support this person at the gym. Support plans were evaluated and updated when any changes were highlighted. The team leader told us, "We just continue to keep changing and adapting and responding to service users' needs which are ever changing."

People were encouraged to pursue their hobbies and interests. One person said, "I am a party animal! I'm going away with one of the groups, we are going to Blackpool." The relative said, "They try very hard with her social needs, but she doesn't like to join in. They will try and encourage her, but they can't cross the line, they can't say, 'Come on you are doing this.' They are organising something at the library because she likes colouring in."

The service manager said, "We took [name of person] to Amsterdam and he loved it, it was brilliant. Two guys have been through their cycling proficiency and a lady goes to drama classes and volunteers in a charity shop. It's important that they get the same opportunities and experiences as we do; it's all about self-worth and involving people in the community. You found it difficult finding us here and that is what we want, we don't want to advertise to the world that we are here – Eden Square - we are just part of the community."

The provider employed a part time volunteer coordinator. She told us, "I meet up with clients and speak to them about volunteers and the one to one befriending service. Some are not interested or don't want one, or are too busy which is fine...I sit down with clients and explain how it will work and I get to know about clients and all their interests and little quirks...I am currently looking for a bike buddy, it's what one client wants. I recruit, train, do induction and support them...The staff here are really good."

We spoke with one person about the volunteer/befriending service. She told us, "[Name of volunteer coordinator] came and was asking me about my preferences and how I like to spend my time. Everything was very detailed like how I liked to put my coat on, to what bag I carry. She is a very nice lady. She says she will do a brief write up about my interests and she will put in about my cracking sense of humour and great personality, and if a volunteer likes the sound of me, she will organise this."

We saw that housekeeping skills were encouraged. These skills are important because they help promote people's independence. We visited one person who was cleaning his microwave. He told us he was happy to talk with us while the support worker finished cleaning the microwave!

Key worker meetings and reviews were carried out to evaluate people's care and support. We read one person's review of their care and support which stated, "[Name of person] has started to work at a local theatre company in the café which she is finding rewarding and very enjoyable. As a result of this work, [name of person] is growing in her social skills."

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place. People raised no concerns about their care and support. One person joked, "The only thing I sometimes complain about is their grape peeling abilities!" Another person said, "Any issues are dealt with quickly. It's much better than the last place I was at." One respondent raised several issues about communication which we passed to the service manager and team leader for their attention and action. Electronic records were maintained of any complaints which had been received, including the actions taken following complaint investigations.



## Is the service well-led?

### Our findings

There was a registered manager in post. She was on pre-arranged long term leave at the time of the inspection. The provider had notified us of her absence in line with legal requirements. A service manager was covering the registered manager's leave; she had previously been the team leader at Eden Square. There was a new team leader who had come from another of the provider's services in June 2016.

The service manager worked across two independent supported living locations. She told us that she was a "hands on" manager. She said "It's the best part of it." Staff spoke positively about her and the support they received. Comments included, "[Name of service manager] is approachable" and "She is very good, yes I feel supported."

Staff also spoke positively about the team leader. One staff member said, "[Name of team leader] is good, she is looking to bring in a staff member of the month scheme and has put a recognition and suggestions box in place, it helps make you think that your suggestions are being listened to." The team leader told us, "I've done a recognition box because it's nice to hear nice things about yourself; it makes staff feel empowered and happy staff make a happy service and happy service users."

The service was part of a national organisation that had its own human resources, compliance department, training and health and safety departments which offered support to staff. The team leader told us, "There is a department for everything! They have a compliance team which offer support and guidance and make sure that we are compliant with yourselves."

Staff told us they enjoyed working at Eden Square and for Leonard Cheshire Disability. Comments included, "I absolutely love working here. The service users are great and the staff are great," "I think Leonard Cheshire is a good company to work for. The managers are all approachable," "I love it, it's a really good place to work" and "I left Leonard Cheshire and I now I've come back." The service manager said, "It's important to appreciate staff, I always say that I am no better than the staff, I just have a different job to do... They are a brilliant staff team, it's the staff that make it." There was an annual award's ceremony to acknowledge and recognise staff achievements. The manager told us that she and a number of her staff team had been nominated at the last award's ceremony. She said, "I nominated the whole team because they deserve it."

Regular staff meetings took place to ensure that staff were kept up to date with any changes or ideas for the service. The minutes of meetings demonstrated that in addition to operational issues being discussed, the meetings also involved raising staff awareness in relation to training and organisational policies and procedures. The service manager told us, "We ask staff to propose our agenda and we get staff to read and sign the minutes of meetings so they know what information has been given out. We do have staff surveys which are done externally." The service manager told us, "We have a customer support line for staff and people and any concerns can be raised anonymously and it goes straight to our line manager."

People spoke positively about living at Eden Square and the support they received from staff. One person said, "It's a very good service. You have everything in such a short distance, supermarkets, restaurants –

everything. The staff are so friendly too and it's environmentally friendly for me getting around in my wheelchair. Everything I want, I have." A relative said, "Since she has gone to Leonard Cheshire, it's a totally new ball game, they are much more organised than the previous service" and "It's perfect, absolutely perfect. She has everything she needs. I'm so glad to have been able to praise them, because if I can encourage people to go to Leonard Cheshire then that's great."

A number of audits and checks were carried out on all aspects of the service. These included medicines, health and safety and "service delivery checks." The service manager told us, "Either myself or [name of team leader] will ask if they [people] want to raise any issues with us. Sometimes we will involve the volunteer coordinator if they feel more comfortable raising things with her." One person said, "They do quality checks which is like what you do and they ask us whether the staff do a good job, a bit like what you are asking."

Systems were in place to record any accidents, incidents and safeguarding concerns. These were recorded electronically and enabled the provider to monitor these and to highlight any improvements that may be required to keep people safe. No concerns were noted.

People were consulted about the running of the service. People told us they were involved in staff recruitment. One person told us, "Yes I helped [interview prospective staff]; because of my background I knew what was what. There were set questions – it was good." Following our inspection, the team leader contacted us and stated, "In order for the people who use our service to feel that they are valued and that their opinions matter we always try to include at least one of the residents on our interview panel when we are looking for new staff. It is important that the service users feel they play a part in the selection process as they are the ones who feel the direct impact of the staff we recruit. I like to plan in advance and ask the service users if they would like to take part. We agree a location - we have a service user who is frightened of the lift and cannot get up the stairs to the office so we arranged to do the interview in her flat. I also in advance plan the questions the service user will be asking so they feel prepared and ready to take part. A lady who we recently interviewed with one of our residents was successful in her application and I really feel this empowered the service user and made her feel valued. We also value their input in the shortlisting and selection process after interviews have taken place."

Meetings for people were also carried out. The service manager told us, "We do do tenants meetings and we have an activities group once a month." One person said, "I organise an activity group which Leonard Cheshire runs on the first Tuesday of the month. I help to organise activities. This year we have done days in the park, we also do bowling and we have done Pancake Tuesday where we have tossed pancakes."

Surveys were carried out to obtain the views of people who used the service. We read the results of the 2016 survey and noted that 100% people stated the service had helped them to have a better quality of life, 100% of people were satisfied with the care they received from staff and 100% of people would recommend the service to friends and family.

The provider had submitted notifications in line with legal requirements. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of, in line with the requirements of the CQC Registration Regulations 2009.