

Eden Supported Living Limited

Blackwell Road

Inspection report

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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

We carried out an announced inspection of the service on 29 March 2016. Blackwell Road is registered for one person and specialises in providing care and support for people who live with a learning disability. At the time of the inspection there was one person receiving care and support.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The risk to people's safety was reduced because staff had attended safeguarding adults training, they could identify the different types of abuse, and knew the procedure for reporting concerns. Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated within the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place. People's medicines were stored, handled and administered safely.

People were supported by staff who received an induction, were well trained and received regular assessments of their work.

The registered manager ensured the principles of the Mental Capacity Act (MCA)(2005) had been applied when decisions had been made for people. Staff ensured people were given choices about their support needs and day to day life. The registered manager was aware of the requirements to apply for and implement Deprivation of Liberty Safeguards.

People were encouraged to plan, buy and cook their own food and were supported to follow a healthy and balanced diet. People were supported to maintain good health as they had access to a GP and other healthcare professionals. Referrals to relevant health services were made where needed.

People were supported by staff who were kind and caring and treated them with respect and dignity. Staff communicated well with people to make them feel their views mattered and they would be acted on. Staff responded quickly to people who had become distressed. Priority was focused on person centred care and staff were aware of the importance of encouraging people to live their lives as independently as possible.

People were able to contribute to decisions about their care and support needs. People were provided with an independent advocate, if appropriate, to support them with decisions about their care. People, friends and relatives were able to visit whenever the person wanted them to.

Support records were person centred and focused on what was important to the person. The records were regularly reviewed and people and their relatives were involved. People were encouraged to take part in activities that were important to them and were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

People, relatives and staff spoke highly of the registered manager; they found her approachable and supportive. The registered manager understood their responsibilities and ensured staff felt able to contribute to the development of the service. Staff felt valued and supported to develop their role. People who used the service were encouraged to provide their feedback on how the service could be improved. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

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 were supported by staff who could identify the signs of abuse and knew the procedure for reporting concerns.

The registered manager had processes in place to ensure that all accidents and incidents were appropriately investigated.

Assessments of the risks to people's safety were conducted and regularly reviewed.

Regular reviews of the environment in which people lived, along with plans to evacuate people safely in an emergency, were carried out.

People were supported by an appropriate number of staff to keep them safe. Safe recruitment processes were in place. People's medicines were stored, handled and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff felt supported by the registered manager, undertook relevant training and had the quality of their work regularly assessed.

People's records showed the principles of the MCA had been adhered to when a decision had been made for them.

People were supported to follow a healthy and balanced diet and were encouraged to cook their own food.

People had access to a GP and other healthcare professionals. Referrals to relevant health services were made where needed.

Is the service caring?

Good ●

The service was caring.

People had an excellent relationship with staff who were kind, caring and respectful.

Staff had a detailed understanding of people's needs, communicated with them well and treated them with respect and dignity.

People were provided with person centred care, that encouraged independence and treated them with dignity.

People were provided with the information they needed that enabled them to contribute to decisions about their support.

Where needed, independent advocates supported people with making important decisions. People were encouraged to maintain meaningful relationships with friends and relatives.

Is the service responsive?

Good ●

The service was responsive.

People's support records were written in a person centred way. People were involved with the planning of their care and support.

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People spoke highly of the registered manager. The registered manager understood their responsibilities and ensured staff knew what was required of them.

People, relatives and staff were encouraged to provide feedback on how the service could be improved.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

Blackwell Road

Detailed findings

Background to this inspection

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

This inspection took place on 29 March 2016 and was announced. The provider was given 48 hours' notice because the location provides for one person and we needed to be sure that someone would be in.

The inspection was conducted by one inspector.

To help us plan our inspection we reviewed previous inspection reports and information received from statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with one person who used the service, one relative, two members of the support staff, the registered manager and the provider's representative. We also visited one person in their home and carried out observations of staff interacting with them.

We looked at the support records for one person who used the service, and also reviewed parts of other records for the person. This included medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

We asked the registered manager to supply additional information after the visit, which they did.

Is the service safe?

Our findings

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. A person who used the service told us they felt safe living at the home. Their relative confirmed the person was safe when staff supported them and while living in the home. They said, "I feel reassured that [name] is safe and everything is working well."

People were provided with relevant information on how to keep safe. Regular support meetings were held with the person and they were able to raise any concerns they may have about their safety.

The risk of people experiencing abuse was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they had any concerns. Records confirmed most support workers had completed safeguarding adults training. However, all staff were aware of who they could speak with both internally and externally if they had concerns. This included reporting concerns to the CQC, the local multi-agency safeguarding hub (MASH) or the police. One support worker said, "I would report any concerns to the manager, I feel confident any issues would be dealt with if the need arose."

We observed people had been assessed and received the support they required in a safe way. Support workers were attentive and responsive to people's needs and behaviour. For example, when the person required close observation to protect their safety; staff provided this but respected the person's space.

Risks to people's needs had been assessed and management plans were in place. Where risks were identified staff were informed how to reduce and manage these. A relative told us they considered any risks to be well managed. They said the support workers knew their relation very well. They told us they and their relative had been involved in discussions and decisions about how risks were managed.

Support workers told us, and records we saw confirmed, there was detailed information about how to manage risks to people's health and wellbeing. One support worker told us how risks regarding a person's behaviour had reduced over time and there were systems in place to help them monitor these changes. We found support plans provided clear guidance for staff and agreed measures had been put in place to manage any risks. This showed that action had been taken to promote the safety and welfare of the person who used the service.

Personal emergency evacuation plans (PEEP) were in place in people's care records. This information was used to inform support workers of people's support needs in the event of an emergency, such as an evacuation of the building. We also saw there was a contingency plan in place to supply additional support should the need arise. For example, one care plan stated that when the person becomes unwell then extra staff were to be put in place. We checked the rota for a time the person was unwell then extra staff were on duty.

The provider employed sufficient support workers to meet people's individual needs and keep them safe. We received positive comments from a person who used the service and their relatives. The person told us staff were always there to help them. A relative said, "Staff consistently interact with [name] there are quite a few of them and they work well with [name]."

Support workers were positive about the staffing levels provided. They said constant care was provided as a regular staff group was in place. We found the person who used the service had been involved and helped to select the staff that supported them. Consideration had been given when additional staff was required, for example, when regular staff were absent or unavailable. The provider had appointed relief staff. We saw this had been acted upon when necessary. This meant staff got to know the person and how they preferred to be supported. If unexpected changes arose the services responded appropriately.

We found there were sufficient support workers available and they were competent and knowledgeable about people's individual needs. The staff rota confirmed staffing levels reflected the individual needs of the person.

From looking at a sample of staff files we found the provider had safe recruitment and selection processes which were followed. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

People's medicines were stored and handled safely and people received them in a safe way. One person told us they received their medicine as prescribed. Records we looked at showed that the person had been asked how they would like their medicines to be administered. We found appropriate arrangements were in place for managing and handling medicines. There were systems in place for reporting medication errors and where this had occurred, appropriate steps had been taken.

We saw the Medication Administration Records (MAR) sheets were completed as and when required. MAR sheets were used to confirm the person received the correct medicines at the correct time and as written on the prescription. It was identified and recorded when a certain medicine was stopped or discontinued.

Staff told us they had completed medicine training as part of their induction when they first started working for the service and that they were up to date. However, when we looked at the training records we found most staff were not up to date with their annual e-learning in regards to medicines. We spoke with the registered manager and they told us the provider had written to all staff to update relevant training, which included medicines. After our visit the registered manager contacted us to confirm the dates' which had been booked for staff to attend training and the time frame this would be completed.

We found assessments were completed and medicines were stored in accordance with current safety standards. This showed there were suitable arrangements in place for the safe storage of medicines.

Is the service effective?

Our findings

People and their relatives gave positive feedback and commented about the effectiveness of the care they received and said that it was relevant to the person's needs. "One person said, "I get everything I need." The person's relative said, "I am very pleased with the service." We found the person was involved in everyday choices about their life and their wishes and preferences met their individual needs

Support workers told us about the induction they received when they commenced their employment. They said that this included online training and a period of shadowing experienced staff. We saw records that confirmed new support workers had received an induction that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Support workers told us they had opportunities to meet with their line manager to discuss their work and development needs. They said they received supervision and appraisals regularly. The registered manager told us they observed staff care practice to ensure they were providing effective care.

Each member of staff was introduced to the person they were going to support gradually and if there were occasions where a person did not get on with a staff member the support worker would be removed and replaced with another staff member of the person's choice.

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 people 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 application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS applications were made where appropriate.

The requirements of the MCA were adhered to. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment and best interests documentation had been completed.

The person who used the service told us they were supported to make their own choices and decisions about what they did on a daily basis. We saw processes were in place to ensure the person was able to give consent for the care and support they received.

Support workers showed an understanding of the principles of MCA and DoLS and we saw they had received training regarding this. Sometimes decisions about care and support were required to be taken in the person's best interest. We noted the service and other professionals made sure the person's rights were upheld when these decisions were made

We saw procedures were in place to obtain consent that was valid and authorised when restrictions were put in place. Staff were aware when the person may not be able to give valid consent. The registered manager had systems in place to monitor when such restrictions were used. The registered manager had identified improvements had been made, as the frequency between the person being well and the restrictions being put in place had decreased. This showed us the care the service provided was effective.

Due to people's anxieties and behaviour that may challenge others staff were trained to identify triggers that may result in a person becoming unwell. Records we looked at identified when the person became unwell. We saw appropriate measures were put in place to ensure the person was supported. For example, when restrictions were being used and the person could retreat to a safe area within the home. We saw appropriate assessments had been completed. We observed that support workers recognised and responded well when the person's mood changed. They were quick to pick up on signs of anxiety and used good distraction techniques that were effective in reducing behaviours from occurring.

People were supported to eat and drink sufficient amounts and to maintain a balanced diet. The person told us they liked baking and going shopping. Staff told us they provided a weekly menu. One support worker said, "It's about the food [name] likes." The support worker also told us the person liked to help prepare some meals and snacks, but not all the time. Support workers confirmed that they had completed training in food hygiene and that they felt they provided people with a good choice of meals based on their needs and preferences.

People were supported to maintain their health. We saw through records we looked at that the person was supported to see a GP, optician and attend hospital appointments when required. A relative told us staff monitored the person's health needs and kept them informed of any changes. From care records we looked at the person's health needs had been assessed and they had received support to maintain their health and wellbeing.

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff and with family. A person who used the service told us they liked their support workers. They said, "I choose who looks after me." A relative spoke positively about the staff approach and described them as compassionate and caring.

Support workers showed good awareness of people's needs and what was important to them. One support worker said, "We develop good relationships with people and get to know them really well." We observed a good relationship with the person and their support worker. They were attentive to the person's needs and communicated with them well. There was a calm relaxed atmosphere that included positive humour from both the person and the support worker. When the person asked the support worker a question, the support worker answered in a way the person could understand.

People were supported to express their views and be actively involved with decisions about their care and support. The person who used the service told us they felt involved in how their care was delivered, because the staff always asked them what care they wanted on a daily basis.

The support worker talked about individual needs and what was important to the person. They also spoke about how they supported and respected the person's wishes and decisions they made. We observed staff support the person with their daily routine and comfort needs. For example the person was watching a TV programme of their choice and preference. When the programme had finished the support worker asked the person what they wanted to do next. The support worker accommodated the person's choice and turned the TV over to another channel until the person was satisfied it was what they wanted to watch.

Care records contained information which showed that people and their relatives had been involved in the development of their care plans. Care plans contained information regarding the person's life history and their preferences. Care plan audits and reviews had taken place and reflected a person's needs.

We asked the registered manager if people had access to independent advocacy support services. Advocacy services use trained professionals to support, enable and empower people to express their views. We saw that information was made available for how a person could access an advocacy service.

People were treated with privacy, dignity and respect. One relative said, "Staff are well mannered and very respectful to [name]." We observed staff encourage the person to be independent and respectful to their wishes. For example, the person liked their own space and sometimes retreated to their bedroom for a nap during the day. Support workers respected this, but also made regular checks to make sure the person was all right.

A relative told us there were no restrictions for the person to visit family when they were well and the person received support to do this. A support worker told us home visits were important to [Name], but they can be very stressful. They said [Name] had regular telephone contact with their family members.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We observed staff responding promptly to the person when they required assistance or support. The person's care and support needs were written in individualised plans that described how staff should provide support for the person and what they needed to do to provide personalised care. We spoke to the person and they told us what they liked to do and that staff supported them to do things that were important to them.

People's needs were assessed before they moved into the home. We did not get any comments from the person or their relative regarding whether they were involved with the assessments of care. We saw an assessment had been completed and was regularly reviewed. The registered manager told us during a review it was identified a need for change in the times staff support the person. Staff told us that their rota had been changed to accommodate the person and meet their needs. This was to make sure the person was able to spend more time in the community. Records we looked at documented information that reassured us the person's needs were assessed and fully met. Support plans were detailed and provided clear guidance for staff about how care and support should be delivered. The care plans were personalised and took into account people's individual needs. For example, how people liked to be supported, what was important to them and when a person became unwell what staff should do to support them. These plans also included people's routines and activities, for example, it was recorded people liked swimming, skiing, bowling and animal care." We saw recorded in the daily notes that one person had participated in skiing and bowling.

Care plans identified aspects of care that people could do independently, while also identifying areas of support. For example, one care plan stated a person liked to participate in a weekly activity of cooking and enjoyed this. The plan identified how a person could develop their skills in this area." Another plan stated that a person was aware of the dangers around the kitchen, which may impact on people's confidence to independently make hot drinks, snacks and meals, so they required support." This showed us the provider had taken what people were able to do independently into consideration.

The person and their family members told us they knew what to do if they had a complaint or problem. The person told us who they would speak with if they had any concerns or complaints. They had access to the complaints procedure and we saw this was available in different formats. There were systems in place to monitor and take action should a concern and complaint arise. The registered manager told us they had not received any concerns in the last 12 months. Records we looked at confirmed this. We saw where complaints had been raised these had been dealt with as per the providers policy and procedures.

Is the service well-led?

Our findings

The person and their family had the opportunity to be involved in the development of the service. Relatives and the registered manager told us they had regular contact with relatives. The relative said, "They keep me well informed." The relative also gave positive feedback about the service. We saw satisfaction surveys had been completed by the person with support from the staff.

Support workers told us that they felt valued and involved in the development of the service. They said that communication was good with the registered manager. This included daily staff handover meetings and staff meetings.

There was a whistle blowing policy in place. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Support workers said that they would not hesitate to use the policy if required to do so.

Support workers had an understanding of the provider's vision and values for the service. One support worker told us, "We promote independence and support people to live the life they want to live." They used effective communication and demonstrated they had a clear understanding of their roles and responsibilities.

The registered manager told us they regularly met with their area manager to discuss best practice for the home. They told us they discussed the things that worked well and the things that could be improved to help them increase the quality of the service that people received.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and the representatives of the provider. The registered manager told us they completed a number of audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety. We found action had been taken where issues were identified.

A registered manager was in post. All staff we spoke with felt the registered manager was approachable and listened to their views or concerns. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed, including those of night staff.

The registered manager told us their biggest achievement was providing the person with effective care. The registered manager said that when the person had first come to live at the home there was a great deal the person would not do, but with perseverance and encouragement the service had improved the person's quality of life.

The registered manager told us the service worked well with other health care professionals and outside

organisations to make sure they followed good practice. We noted the service followed their legal obligation to make relevant notifications to CQC and other external organisations.