

## Eden Supported Living Limited

# Rotherham Regional Office

### Inspection report

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Date of inspection visit: 28 April, 1 and 7 May 2015  
Date of publication: 11/06/2015

## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

The inspection took place on 28 April, 1 and 7 May 2015 and was announced. Our last scheduled inspection at this service took place in December 2013 when no breaches of legal requirements were identified.

The Rotherham branch of Eden supported living, is registered to provide personal care to people living in the community. The Rotherham regional office is situated near to Rotherham town centre. Personal care is provided

to people accommodated in supported living environments and to people living in their own homes in the Rotherham and Worksop areas. Support packages are flexible and based on individual need.

The service had a registered manager in post at the time of our inspection. 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

# Summary of findings

about how the service is run. However, due to the company restructuring the registered manager has applied to cancel her registration. The company have appointed another manager who will apply for registration with the Care Quality Commission. We met this person on our inspection and her title within the company is regional manager.

We spoke with staff who had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. One care worker said, "We attend safeguarding training to learn how to keep people safe." Another care worker said, "I would report anything of this nature to my manager straight away. I am confident that my manager would take appropriate action without delay."

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with

people's care. We saw risk assessments had been devised to help minimise and monitor the risk.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had some knowledge of this and said they would speak to the regional manager and other managers in the team for further advice.

People were supported to eat and drink sufficient to maintain a balanced diet. Snacks were available in-between. Meals were flexible to meet the needs of the people who used the service.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required.

People who used the service were supported to maintain friendships. Support plans contained information about their circle of friends and who was important to them. We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

We saw staff were aware of people's needs and the best ways to support them, whilst maintaining their independence.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans were person centred and some contained pictures to assist the person to understand their plan. Support plans included healthcare, communication, personal hygiene, mobility and activities.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an 'easy read' version.

The service had a management team which consisted of the regional manager, a person acting in the role of manager, and house managers who oversee the running of the supported living environments. Staff we spoke with felt the service was well led and the management team were approachable and listened to them.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk.

We spoke with staff and people who used the service. We found there were enough staff with the right skills, knowledge and experience to meet people's needs.

The service had robust arrangements in place for recruiting staff.

The provider had appropriate arrangements in place to manage medicines.

Good



### Is the service effective?

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with were knowledgeable in this area and said they would speak to the registered manager for further advice if needed.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Good



### Is the service caring?

The service was caring.

We saw staff were aware of people's needs and the best was to support them, whilst maintaining their independence.

People who used the service were supported to maintain friendships. Support plans contained information about their circle of friends and who was important to them.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

Good



# Summary of findings

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an easy read version

## Is the service well-led?

The service was well led.

Staff we spoke with felt the service was well led and the regional manager and management team were approachable and listened to them.

We saw various audits had taken place to make sure policies and procedures were being followed.

There was evidence that people were consulted about the service provided.

**Good**



# Rotherham Regional Office

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 28 April, 1 and 7 May 2015 and was announced. The inspection team consisted of an adult social care inspector. At the time of our inspection there were 76 people using the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information

in the PIR along with information we held about the home, which included incident notifications they had sent us. We contacted the commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with six people who used the service, observed care and support in communal areas and also looked at the environment.

We spoke with seven care workers, the regional manager and a team manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

We spoke with six people who used the service and a relative and observed interactions between staff and people. People we spoke with said they felt safe. Staff we spoke with were knowledgeable about the need to report issues of a safeguarding nature.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies. Staff we spoke with told us that they had received training in safeguarding vulnerable adults and this was repeated on an annual basis. The staff records we saw supported this.

We spoke with staff who had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. One care worker said, "We attend safeguarding training to learn how to keep people safe." Another care worker said, "I would report anything of this nature to my manager straight away. I am confident that my manager would take appropriate action without delay."

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with

People's care. We saw risk assessments had been devised to help minimise and monitor the risk. Risk assessments stated the activity, the hazard and controls in place to manage the risk.

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults.

We spoke with the regional manager who informed us that permanent contracts were only offered to people following the successful completion of their probationary period. This was at least 6 months in duration. New starters were issued with an induction pack which they completed with the support from their mentor.

We spoke with staff who felt they had been supported through the recruitment and induction process and felt able to ask questions.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs. We found staff were available when people needed support. The staff we spoke with felt there were always enough staff around and the service operated in a flexible way and used the hours people had been funded for. People we spoke with told us there were always staff around.

The provider had appropriate arrangements, policies and procedures in place to manage medicines. We spoke with staff who were knowledgeable about the safe handling of medicines. Staff told us that they completed training in this area and then their line manager checked they were competent prior to administering medicines on their own. Competencies were checked annually and when any problems were highlighted.

We visited some people who were living in supported living environments and found medicines were kept in safe storage. One person showed us where their medicines were stored. They had a locked safe in their room and a file containing a Medication Administration Record (MAR). This was a sheet which listed all medicines the person was taking and at what time. The person administering the medicines then signed the MAR sheet to say the medicines were taken.

People who required medicines also had a care plan in their file stating how the person needed to be supported.

# Is the service effective?

## Our findings

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. For example, we spoke with staff and found they received appropriate training. Staff found the training they had was valuable and felt it gave them confidence to carry out their role effectively. One care worker said, “I completed some training on my induction and have done lots of training since then. I feel the training gave me the skills I needed to do my job.” Another care worker said, “I have a training and development plan and I can suggest relevant training.”

We looked at training records and found the staff member had certificates to support the training they had attended. The regional manager showed us a training log which was kept electronically and identified training completed and when training was due for refreshing.

Staff we spoke with felt fully supported by their managers and enjoyed being part of the team. The staff we spoke with told us they received supervision sessions with their manager every 6-8 weeks. Supervision sessions are meetings held with the manager to discuss issues related to work and performance.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. Staff told us they had received training in this area and the records we saw confirmed this. We found the service to be meeting the

requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff we spoke with had a clear understanding of the MCA 2005 and DoLS. Staff understood that when people had the mental capacity to make their own decisions, this would be respected. Staff told us they had received training in this area and the records we saw confirmed this. The service had a policy in place for monitoring and assessing if the service was working within the Act.

We observed staff working with people and saw they offered choices and respected people’s decisions. The person gave consent prior to the staff interacting with them. We saw people’s choices and preferences were also contained within care and support plans. We spoke with staff who knew people well.

People were supported to eat and drink sufficient to maintain a balanced diet. Snacks were available during the day. Meals were flexible to meet the needs of the people who used the service. We spoke with people who used the service and were told they were involved in menu planning, shopping and preparation. One person said, “We talk about what we want to eat and do a list for shopping.” Another person said, “I help myself to what I want, it’s what I like to do.”

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. We looked at people’s records and found they had received support from healthcare professionals when required. For example, we saw involvement from chiropody, dentist and doctors. The staff we spoke with told us that people had an annual check-up with their doctor. The records we saw confirmed this.

# Is the service caring?

## Our findings

During our inspection we visited people in their own homes. We observed care workers interacting with people. We found care workers were respectful and caring and knew how to support people well. One person we visited was not feeling too well, so staff had helped them by getting the person involved in planning a special event which was happening soon. This helped the person to focus on something more positive and showed that staff knew how to respond to situations and what the best way to support the person was.

We saw one person had just finished baking scones. This person was going on holiday over the weekend and staff had supported the person to bake some scones to take with them.

We also spoke with people who talked to us about the support they received. People were happy with the support from staff and told us they saw them as friends. One person said, "We can have a laugh with the staff they are really good, I like them."

People who used the service were supported to maintain friendships. People's support plans contained information about their circle of friends and who was important to them.

The service supported people to express their views and be actively involved in making decisions about their care and support. People were involved in their support plans, which included their views and choices. Each person had a keyworker assigned to them who worked with them closely, and ensured the person received appropriate care. They also supported the person with values such as privacy, dignity, independence and choice. For example, key workers held regular meetings with the person to ensure they were happy, to reflect on previous events and to plan future ones. Staff we spoke with were keen to ensure that people made their own choice where possible and to respect the decision they had made. We saw care and support plans were signed by the person or their representative. This showed they were involved.

We spoke with staff who were knowledgeable about maintaining people's privacy and dignity. Staff told us that they always rang the doorbell and waited for a response when arriving at someone's home. One care worker said, "I always ask if it's alright to use the kettle before I make a drink." Another care worker said, "I always make sure curtains are closed and doors are closed before completing personal care tasks."

We spoke with people who used the service and one person said, "Staff cover me with a towel and close the curtains when they are dressing me."

# Is the service responsive?

## Our findings

We spoke with people who used the service and one person said, “I talk to the staff about my care plan, I know what’s in it and what works for me.” Another person showed us where their files were kept and was able to talk through them, and explain what the paperwork was all about.

People’s needs were assessed and care and support was planned and delivered in line with their individual support plan. An assessment of needs was carried out prior to the service commencing to ensure the person’s needs could be met. A series of support plans were then set up. The support plans were person centred and some contained pictures to assist in the person understanding their plan. Support plans included healthcare, communication, personal hygiene, mobility and activities. Care and support plans were tailored to meet the needs of the person using the service. One care plan informed the reader of how to support the person to get ready for college. This included helping them put what they required to take to college in their bag, choose clothes and toiletries for the day and specified that the person likes to wear jewellery and that this was very important to them.

People had the opportunity to discuss their support plan, with their keyworker, on a regular basis. Staff we spoke with felt this was a good way of ensuring the person was consulted about their plan and were able to contribute.

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis. For example, some people attended college, day centres, and activities such as swimming. People we spoke with also told us about holidays they had enjoyed.

The service had a complaints procedure and people knew how to raise concerns. The procedure was available in an ‘easy read’ version. People we spoke with told us they would talk to staff if they had a worry, and felt they would sort it out. We saw complaints received had been appropriately dealt with and a log of evidence maintained.

The regional manager told us that people were asked at in house meetings if they had any concerns and were supported to discuss them. The regional manager told us that any concerns would be dealt with promptly. This ensured people were listened to.

People we spoke with told us they had no complaints but felt they could speak to staff if they had a problem. People were confident that issues would be resolved. One person said, “If I have a problem I would talk to staff or we would have a meeting to discuss it.”

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. However, due to the company restructuring the registered manager has applied to cancel her registration. The company have appointed another manager who will apply for registration with the Care Quality Commission. We met this person on our inspection and her title within the company is regional manager.

The service had a management team which consisted of the regional manager, a person acting in the role of manager, and team managers who oversee the running of the supported living environments. Staff we spoke with felt the service was well led and the management team were approachable and listened to them.

Team managers worked in the services they managed in order to get to know the staff and how to support people. This is seen as a key role in their management as it helps them to understand the running of the service. Staff we spoke with told us they found their involvement useful and productive.

We saw audits had taken place to make sure policies and procedures around finance and medication were being followed. These were completed by the team manager every 6-8 weeks. Any areas for improvement were discussed at team meetings where the team manager shared the action plan. The team managers told us that they completed a general audit about every 6-8 weeks. The

team manager spent time observing practice and looking at records. Team managers told us that no record of these audits were completed. However the provider felt the need to tighten up this process and are piloting a new auditing system in another area. If successful this will be introduced at the Rotherham branch.

The provider was also in the process of developing another system for recording and reporting significant events such as accidents, safeguarding and incidents. This facility will enable staff to record and report the incident electronically and assign it to the manager responsible. Therefore there should not be a delay in escalating the information.

There was evidence that people were consulted about the service provided. We saw that house meetings took place to discuss things such as meals, events, and concerns. We saw that people's opinions about the service were sought and respected. The provider sent out satisfaction surveys to people for them to comment on their experience of the service provided. These were in an easy read version. People who used the service were also asked if they would complete a review questionnaire following their annual review of care and support. This looked at areas such as feeling safe, feeling respected, having choice and control, making complaints and satisfaction with their support. This showed that people were part of improving the service by commenting on their experience.

Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.