

# Eden Supported Living Limited

## Newark Regional Office

### Inspection report

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13 October 2016

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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

This inspection took place on 29 September, 5 and 13 October 2016. Newark Regional Office is registered to provide personal care to people living in supported living environments and to people living in their own home. At the time of our inspection there were 13 people using the service.

There was an area manager (manager) in place who had applied to become the registered manager for the service. Their application was still being processed. The manager was available during the 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 about how the service is run.

People received safe and effective care from staff. Staff had a good understanding of the various types of harm and their roles and responsibilities in reporting any safeguarding concerns.

Staff had information available about how to meet people's needs.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. Staff received regular training and supervision and were able to reflect on the care and support they delivered.

People received their medication as prescribed. Staff were able to explain the process they followed when supporting people to safely take their medication.

People's rights were protected under the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care when required.

People's care plans reflected their individual needs and personal wishes. People and their relatives were involved in the development of their care plans and these were reviewed regularly.

The service encouraged feedback from all people involved with the service. A complaints process was in place. People and relatives felt able to make a complaint and felt confident that staff would respond appropriately.

People were very satisfied with all aspects of the service provided and spoke highly of both staff and management team. People received care and support from kind and caring staff, who respected their privacy and dignity at all times.

People had confidence in the manager and the way the service was run. There were systems in place to monitor and improve the quality of the service provided. The vision and values of the staff team were

person-centred and made sure people were at the heart 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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm.

Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

People told us they received their medicines as prescribed.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely.

### Is the service effective?

Good ●

The service was effective.

Staff had received an induction and the training and supervision they required to carry out their roles effectively.

People were assisted by staff who knew about the Mental Capacity Act 2005 and its implications for people they supported

People were able to make choices about their support. Staff told us how they respect people's choices.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. External professionals were involved in people's care as appropriate.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were supportive and caring towards people.

People were encouraged to make decisions relating to the care and support they received.

People had access to advocacy services and relevant

information, so they could make informed choices and be fully supported to make the right choice for them.

People and their relatives told us that that staff respected and supported people in a manner that promoted their privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported by staff that recognised and responded to their changing needs. People received a reliable and consistent service.

People's feedback was used to make improvements to the service.

People felt able to raise concerns and had confidence in staff and the manager to address their concerns appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People, their relatives and staff spoke positively about the manager and their staff team. They said they were approachable and supportive.

Systems were in place to monitor the quality of care and to ensure that people received good care. Continual improvement was made as a result of the quality monitoring and feedback.

The provider was aware of their regulatory responsibilities.

# Newark 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 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 on 29 September, 5 and 13 October 2016, this was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we also reviewed information we held about the service. This included information received and statutory notifications about the provider. A notification is information about important events which the provider is required to send us by law.

We contacted local commissioners of the service, Healthwatch and health and social care professionals involved with the service to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with three people who used the service, twelve relatives, three members of care staff, the team manager, the quality manager and the area manager (manager). We looked at the care records of five people who used the service and any associated daily records such as the daily log and medicine administration records (MAR). We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

# Is the service safe?

## Our findings

People we spoke with expressed confidence in the service and told us they felt safe receiving care. One person said, "Carers are very good-everything is written down." A parent said, "[Their child] is very definitely safe." Another relative said, "My [family member] is very well looked after." A staff member said, "We make sure people have our contact numbers when they go out in the community."

All staff we spoke with had good knowledge of the different types of harm people could experience and explained what action they would take to make sure people were safe. Further information on safeguarding, including the contact details of local safeguarding authorities, was visible in the office. This meant staff could access the information quickly and easily in the event they needed to raise a safeguarding concern.

Relevant information had been shared with the local authority when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. Staff confirmed they had received safeguarding training and records viewed confirmed this.

The service had a safeguarding policy and related procedures with regard to safeguarding people who used the service from harm. We were able to confirm that the policy and procedures were in an accessible format for people using the service, their relatives and the staff.

Clearly written risk assessments provided staff with the required information about how risks should be managed to protect each person. The staff we spoke with were able to explain how they managed risks to people's safety when supporting them. Staff were confident and clear in how they support people and relatives confirmed this. Records confirmed external healthcare professionals had also been involved in discussions and decisions about managing known risks when supporting people in the home and when out in the community.

Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provided staff with guidance on how to support people to evacuate their homes in the event of an emergency. An emergency business plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service. This meant that the service to people could continue even if there was, for example, a loss of power at the main office.

Accident and incident forms were being completed and were analysed to identify actions to prevent similar incidents in the future. The service had recently introduced 'ERIC'- electronic reporting information system, where staff were able to report any incidents via chrome books (laptops) that had been introduced into the people's home. Reports were instantly sent to the team manager and area manager; this enabled them to respond in a timely manner to any issues that arose. All serious ERIC data and reports were reviewed at senior management meetings and shared with teams, through local meetings.

Staff told us that they would be confident to raise any issues, concerns or suggestions about people's safety.

Staff had clear understanding of the whistle blowing policy and said they would use it if necessary. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

We saw that people were kept safe because there were sufficient numbers of staff to meet their needs, and staff agreed. Staff had enough time to carry out their tasks and to keep people safe. A review of the staff rota's showed staff had sufficient time allocated to provide the care needed for people. There was a dependency tool that was used to maintain effective staffing numbers across the service.

We checked the recruitment files of four staff members. Safe recruitment and selection processes were followed. These contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained references, proof of identity and the relevant health checks for each member of staff. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

We looked at five medicine administration record (MAR) sheets. We saw that all had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. Some people had their medicine managed by their relatives others required regular daily support. Where staff administered medicine the MAR sheets had all been signed appropriately.

People told us they were supported with their medicines safely and effectively. One person told us, "[My] medication is managed with a blister pack."

Staff told us they had medication training as part of their induction and their competency had been assessed before they were able to support people with their medicines. The manager told us staff's competency was regularly assessed and refresher training was offered periodically which a staff member confirmed, "Happens every year."

People were kept safe because staff had followed guidelines when administering medication that was prescribed, including medicine to be given "as required".



# Is the service effective?

## Our findings

People received effective care from staff that achieved positive outcomes. A relative told us, "This service has provided a level of care which we couldn't provide, e.g. holidays, companionship and outings." Another relative said, "Very happy – very lucky this service has come along."

Every staff member we spoke with said their induction had prepared them for their role. Induction lasted a month; two weeks training and two weeks of shadowing. A staff member said, "It was quite intense; felt like being back at school again. All we really wanted to do was get on with the job, but they [provider] have to make sure people are trained." Regular reviews and assessments had been completed throughout the probationary period for new starters. This told us that staff received a detailed induction programme that promoted good practice.

Staff had received regular supervision and yearly appraisals with their manager to review their work, training and development needs. A staff member said, "I have supervision regularly." Another staff member said, "It does work to chat about things in a confidential manner."

The provider had recently introduced a supervision and appraisal process that was aligned to CQCs five key areas that we inspect under; are services, safe, effective, caring, responsive and well led. The manager explained supporting staff to understand their roles and setting targets helped them carry out their role effectively. A staff member told us, "If I have a problem I don't have to wait for supervision. I can pick up the phone and we have a very good network of managers here."

Records confirmed that staff had attended relevant training for their roles and we saw letters had been sent out to staff when training updates were due. Examples of some of the training included moving and handling, dementia awareness, Mental Capacity Act (MCA) and safeguarding adults. At the time of inspection all training was up to date.

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.

MCA assessments were being completed by the team managers, when necessary, and best interest decisions had been recorded for areas such as medication changes, personal care and nutrition. Records showed that where appropriate, people's relatives and / or health professionals were involved in decisions made. All staff we spoke with had a good understanding of the MCA.

People's support needs in relation to preparing food and eating and drinking was documented effectively in their care plans and daily logs. A staff member said, "One person is trying to lose weight and we write down what they've eaten and the dietician is involved." Another staff member told us they knew one person they

supported should have, "No pork products". This meant staff were aware of people's dietary needs.

A social care professional told us, "We did a good piece of work with the staff from [supported living unit] to resolve issues there caused by one of the [person's] who lived there having a sleep disorder. This work enabled [the person] to keep living there with two other people and to resolve the problems [so that the others weren't disturbed]."

We saw there had been prompt referrals to other professionals when these were required. Documentation within people's care records provided evidence of the input of physiotherapists, dieticians and GPs.

# Is the service caring?

## Our findings

People and relatives overall view was that staff were caring and some staff were particularly caring. One relative said, "My child [family member] has more freedom, independence and choice – the care is excellent." Another person said they had, "No complaints." A staff member said, "I love my job and love what I do."

During a visit to a person in their own home we saw that staff were caring. The team manager noticed the person had started to become anxious. They calmly went over and sat beside the person at the dining table, gently resting their hand on the person's arm in a reassuring manner. This made the person feel at ease and was followed by a relaxed conversation with smiles.

A staff member said, "I don't see this as a job. I genuinely get satisfaction out of my job. I have been doing this job, on and off for 45 years." Staff told us they enjoyed working at the service. This was evidenced by people telling us they were very satisfied with the support they get.

Staff were knowledgeable about the support needs of people they cared for. When we asked a staff member to tell us about a person they supported, they were able to easily describe the person's care needs and things that were of interest to them. People were encouraged to maintain their independence and were supported to access the local community.

We found people's care records showed people had been involved in discussions about how they wished to receive their care and support. We saw that relatives had been involved in supporting their loved ones during their care plan reviews. A staff member said, "We write plans together and get clients [people who use the service] to sign it with the worker [staff member]."

Advocacy information was also available for people if they required support or advice from an independent person. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

Staff respected people's privacy and dignity. People's support plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. We observed when staff visited people in their own homes they would knock and wait to be invited in. When staff supported people in their bathroom, the door was closed. A staff member said, "We have to always remember we're in their homes and have to respect that."

When we visited a person in their home; they had their relative visiting at the same time and both confirmed they would visit one another regularly. Staff also told us people's relatives and friends were able to visit people at any time.

## Is the service responsive?

### Our findings

People and relatives told us staff were responsive to their needs. One relative told us it was important their loved one was supported by staff they knew, to avoid anxiety and said, "Regular staff are absolutely brilliant." Another relative said, "Activities and holidays seemed to be organised around the person's wishes and interests, for example swimming, cinema and Disney World." A staff member said, "Eden [provider] is very person centred and they do try to pair up staff with the right person."

We saw evidence that prior to receiving support people had an assessment of their needs and support plans were then developed with the person, their relative and external health or social care professionals. Support plans advised staff of people's needs, routines, preferences and what was important to them. These plans promoted independence and wellbeing.

People were positive about the usefulness of reviews but one relative commented, "They had been waiting for over three months for a copy of the minutes of the review." We raised this with the manager who informed us that the local authority social worker carried out the review and was sending out the minutes. They had already chased this up and would do so again and update the relative. Records we checked confirmed people's care reviews had been signed and were up to date.

When we checked people's care files kept in their home were up to date but their mirror files kept in the office the information viewed was not always the same. We raised this with the manager who confirmed they would share this with their team managers and correct this. The manager also explained the new electronic reporting and recording system would improve accuracy and reduce duplication.

A relative said it was important when staff were covering sickness and annual leave that they were aware of the impact they may have on people they had not supported before. This relative, who regularly visited their family member, had noted that that when regular staff were not covering the behaviour of their family member changed. This person had been with the service for many years and the relative said, "We have always been happy with it [care provided to family member]." We shared these concerns with the manager who said they would contact the relative.

People were supported to take part in regular activities in their community. A staff member said, "Staff take the client [person who uses the service] to Church every Sunday in their Motability car. [Person] meets their family there." Another staff member said, "We've got one person [with mobility difficulties] swimming. They could not swim at all and now can do 20 lengths."

Staff told us about other people they supported and said, "One person enjoys fishing and staff that have an interest in it support the person and [the] person loves it." Another person told us they were supported to go shopping for clothes accessories and enjoyed being pampered. These activities helped build trust and positive experiences for people and staff.

People and their relatives were aware of a complaints procedure and how they could raise a complaint or

concern. A relative said, "Care staff will listen to relatives and management will listen and respond to concerns." People felt staff responded to their needs. People were also confident that any concerns they did raise would be dealt with quickly and effectively. Guidance on how to make a complaint was available for people who used the service. Records viewed confirmed complaints were dealt with effectively.

Staff were clear about how they would manage concerns or complaints. They said they would refer any complaints to the managers. They were aware of the complaints procedure and felt confident in reporting concerns to management.

## Is the service well-led?

### Our findings

People, relatives, staff and health care professionals told us they felt the service was well led. A relative told us, "The manager has been good and gone out of their way." A social care professional said, "The new area manager [manager] seems very good and is working well with my team." A member of staff that had worked at the service for 13 years said, "[The manager] was incredibly approachable, as is [manager's] line manager."

We saw regular group conversations (previously known as staff meetings) took place and staff confirmed this. One member of staff said, "Team managers are approachable, we know where they are." Another staff member told us their manager, "Gives constructive feedback in a respectful way." And then went on to say, "Staff meetings are good to share ideas and support working together with our clients."

Staff told us they felt supported by the manager and could share with them any suggestions or ideas they had and that they would be listened to.

People and their relatives were supported by a service that regularly sought feedback on the quality of the care it provided. The service carried out regular audits to question practice and drive improvement. Relatives mentioned they were regularly asked for feedback about the support they received. This was done through surveys and telephone calls to / from family and friends of people using the service. We saw survey outcomes had been shared with those involved in the service at house meetings in the 'Team Round Up' which was an internal publication that shared information and learning from around the company.

We noted that quality assurance audits were being carried out regularly. The team managers, area manager [manager] and quality manager did this on a local and regional level. The provider had an effective system to regularly assess and monitor the quality of service that people received. Audits were carried out in the areas of care records, finance, medicines, health and safety, supervision and training. Any issues were noted and actioned appropriately, such as sending out letters to staff who needed to update some of their training.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about. This included allegations of abuse and any serious accidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

The service had clear values which were documented and demonstrated by the management and their staff team throughout our inspection. These values were to offer effective person centred care, support and enablement to people living in their own home and when out in the community.

Feedback from external professionals showed us management have established effective partnership working with both the local health and Community Learning Disability Teams to ensure they are working in a way that focuses on the needs of the individuals they support. The provider also attended the

Nottinghamshire Learning Disability and Autism provider forum.